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THE NATURE AND DEVELOPMENT OF SOCIAL BEHAVIOR "TYPES" IN CHILDREN

LELAND H. STOTT *

Psychological development, particularly the development of personality, is often discussed in the literature as if it took place independently of the functioning of the biological organism. Discussions of the "maturation" of behavior patterns, "personality maturation," development of "the self," and many other topics in the area of personality development frequently appear with apparently little or no recognition of the existence of a physical body or its involvement in the matter. In social psychological writings particularly, the emphasis is placed upon the role of the culture in the formation of personality with almost complete neglect of the obvious fact that people differ rather markedly in original, organically based temperamental make-up and therefore react to, and are "conditioned" in quite different ways by the "same" cultural and family influences.

In this report considerable emphasis is given to the importance of recognizing the organic basis of all behavior and development. An organismic point of view is first presented as a frame of reference in terms of which the results of a study of behavior patterns in a group of preschool children are examined. The position here taken is that the culture, and particularly the family with its unique set of relationships and patterns, is indeed a potent factor determining the persisting trends of behavior and personality, but that it operates always in relation to, and in interaction with the peculiar constitutional nature of the individual child and presumably with uniquely patterned outcomes.

An Organismic Frame of Reference

In the general field of "child development" there is a variety of emphases and points of view expressed in the textbook literature. In general, however, there are two broad classes of change manifestation with one or both of which all students in the field concern themselves. There are, of course, the changes in gross structure, and in the minute organization and physiological functioning of organs of the body. Such changes are of special interest to those with the biological orientation. The other focus is upon changes in the more integrated func-

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tioning of the organism, i.e., the acquisition of new behavior patterns and changes in the level of functioning in relation to already existing patterns. This is the general concern of the developmental psychologist.

It is obvious, however, that regardless of focus, the basic and underlying phenomenon is the living human organism which changes through the very processes of living. The living organism, by virtue of its living, is constantly in process of developmental change, and constant change (living) means constant *interchange* between the organism and its environment.

This process of interchange becomes more and more complex and inclusive as development continues. In the very beginning it takes place within the single cell. During prenatal life rapid structural change is effected as organs and systems are differentiated and formed through biological interchange with the intra-uterine environment. These vital organs themselves are organs of interchange. Further structural changes come about through their functioning as food elements, oxygen, and other essentials from the environment are incorporated into the organism and waste products are given off. As these structural changes take place, the organism is progressively prepared for more and more effective functioning in relation to the environment and, of course, the basic physiological processes continue always to play a vital role in these integrated organismic operations. As functional capacity expands the individual continues to come increasingly into broader interchange with his environment and to function in more complex ways and at more highly integrated levels. Thus, at all levels of complexity, from the biological interchange within the fertilized ovum to the highly complex, integrated psychological behavior, functioning is an essential factor in development and in its own changing aspects, becomes an important manifestation of development.

Three Aspects of Development. In referring to the various aspects or manifestations of development certain terms are currently used with little consistency in developmental literature. In the interest of clarity of discussion it seems important to differentiate between three main aspects of the total stream of developmental change and at the same time to suggest a consistent use of terms to designate them.

One common and completely obvious manifestation of development, particularly during the so-called "growth period," is change in bodily dimensions. The child gets taller and heavier and his bodily proportions change. Cell growth, multiplication and differentiation are among the biological processes most involved in this kind of change. The basic structural elements affected in statural increase, of

course, are the bones of the skeleton. In the skeleton during the growth period there are many centers where the proliferation of connective tissue and cartilaginous cells, and their subsequent replacement by bone cells, take place. The process is "biological" in the sense that the mechanism of interchange is physiological and is inherent in the nature of the living organism. The simple term "growth" would seem to be the most appropriate designation for this aspect of development. Growth, in the broad sense in which it is used here, of course, is not co-terminous with the "growth period." Changes in stature and bodily proportions, although less dramatic, are taking place throughout the life span of the individual.

A second aspect of "biological" development is *maturation*. Here again the mechanism of interchange is inherent in the biological nature of the organism. But unlike growth, this process of change is not made manifest in quantitative terms. Nevertheless, the changes are changes in structure and they are intimately related to, and intermingled with the growth processes. They are conceived of as largely *qualitative* in nature. They are changes in the complexity of the minute structural organization of the tissues involved. They are changes which prepare the bodily structures to begin to function, or to function at progressively higher levels of integration.

Thus, for example, in tissues such as the nervous system, particularly during the fetal stage, the two kinds of biological development continue inseparably together. Measurable quantitative changes in size and weight along with changes in minute structural complexity and organization—changes that are qualitative in nature—result eventually in the "mature" nervous system. Likewise, in the development of the skeletal system the quantitative (growth) and qualitative (maturation) types of change take place simultaneously and in a very lawful and orderly fashion as revealed in roentgenographic studies.

As already intimated, growth and maturation of the organs and other body structures produce changes in functional possibilities. For example, when the bones and muscles of the trunk and limbs have grown sufficiently, and when the maturation of sensory equipment and nervous and muscular tissues has reached a certain stage of "readiness," then, and only then, is it structurally possible for the integrated function (behavior pattern) of walking to begin. With structural readiness rudimentary attempts at walking immediately get under way. This exercise of structures—this practice of a new function—somehow stimulates and helps to bring about further minute changes in the structure and internal organization of the body parts involved and hence in the function itself. This change in functional

facility which comes with the exercise of the function is a third manifestation of development—*learning*.

Growth, maturation, and learning, then, are highly interrelated processes involving interchange with the environment, the essential nature of which we actually know very little about. The overall outcome of these processes as they interact in the child is a progressively expanding behavioral adequacy. The term "development," as we have used it here, refers to this overall change and, in an inclusive sense, to any or all of the specific manifestations of change.

The functional side of development, i.e., learning, in the broad sense in which it is used here, is the main concern of this paper. As already stated, our knowledge of the fundamental nature of the minute structural changes which are assumed to underlie learning is extremely limited. These changes may not differ fundamentally from what we have referred to as maturational changes. Both are assumed to be qualitative in nature and to involve the minute internal structure of the organs or systems involved. Maturational changes, as we have said, arise directly through the processes of living—the physiological functioning of the organs of the body—and are therefore "biological" in nature. The structural changes that must underlie newly acquired or modified behavior patterns are likewise assumed to be the result of basic physiological interchange processes but which, in this case, are somehow stimulated by, and integrated with, the higher "psychological" levels of functioning.

In a consideration of learning as an aspect of development change, however, the focus is not upon the underlying processes per se but rather upon the origin and elaboration of behavior patterns and trends which, generally speaking, are observable and measurable.

Individual Differences and Their Significance. Most developmental studies begin at or after the subject's birth. Obviously much development has already taken place at the time of birth. A "structure" which at the beginning was microscopic in size has grown to some twenty inches in length and several pounds in weight. Through growth and maturation the organism has been made ready for certain kinds of independent functioning.

Interesting in this connection is the fact that the prenatal interchange process, involving what might be presumed to be essentially the "same" environment in all cases, does not turn out a standardized product. As any mother will testify, newborn infants differ rather widely not only in physical appearance but also in temperamental make-up.* Since at any stage of development the nature of the organ-

* A number of authors have stressed the importance of original temperamental differences in relation to personality development.^{1, 2, 3, 6}

ism and of the environment determine the outcomes of interchange, and since the prenatal environment is relatively invariable in the species, these individual differences at birth must be due largely, but not entirely,* to differences in genetic nature. By the same principle, children with different temperamental (constitutional) natures at birth, even if it were possible to subject them to exactly the same post-natal environment, are not likely to function, either overtly or affectively, in the same way, or to show the same directions or magnitudes of developmental change in behavior. Individual differences thus become magnified with age.

Some Early Established Social Behavior Patterns

The analysis of a large mass of material descriptive of the behavior of young children in the nursery school and recreational "club" group situations, which is currently under way at Merrill-Palmer School,** has provided some basis for the identification of a few such pervasive behavior trends. Lists containing 100 items descriptive of the social interaction of children were selected from the records of 60 former nursery school children. These lists had been checked for the children by their teachers when they were between 3½ and 4½ years of age. An analysis † of this material designed to separate the children into groups in terms of characteristic behavior patterns was made. In this type of analysis, instead of coming out with "factors" to be defined and interpreted in terms of the variables with high factor loadings, the outcome is a number of groupings or "types" of individuals. The members of each type, in terms of "similarity indexes" are more similar to one another than to any other individual outside the type.

The present analysis resulted finally in seven significant groupings, or social behavior types of children. In terms of the items which were checked as common to each group, the types are described as follows:

* Variations in prenatal maternal health, nutritional balance, and general behavior, as well as the many variable circumstances at the time of birth, of course, must be recognized as factors making for individual differences.

** This report is the fourth in a series concerned with the results of this analysis.^{3, 7, 8}

† The method here employed was one devised by Lewis L. McQuitty⁵ in which "indexes of similarity" were computed for every possible pairing of the 60 individuals. However, instead of using the algebraic sum of total agreements (items on which both were checked, plus those on which neither was checked) and total disagreements as an index of similarity as suggested by McQuitty, in each case the number of items which were checked for both children was divided by the total number of items checked for one child but not for the other. It was felt that for our particular mass of data, in which in every comparison the number of items not checked for either child was relatively quite large (mostly 60 to 90 percent of the total) the usual "agreements-minus-disagreements" value was too strongly determined by the items not checked for either child. The index used turned out to be much more indicative of similarity in this particular instance.

A. *The Timid, Withdrawing Type* (8 children). A member of this group finds it difficult to approach other children and make friends. In a situation in which the other children are eager and waiting to participate in an activity individually, he is likely to "stand aside and let others go ahead of him." In general he is "rather placid" in his attitude toward his peers, neither strongly liking or disliking them. In situations requiring initiative and leadership he would always hesitate to take the initiative himself but would rather follow submissively any child who might assume leadership. He always hesitates to make suggestions for group activity but would rather follow the ideas of others. He rarely talks to other children, and in case of conflict of interests he makes no effort to defend his own rights.

B. *The Easy-going, Socially Secure Type*, (7 children). This child can comfortably assume leadership, or he can follow the lead of others, as the particular occasion demands. In case of opposition he is not likely to push an issue. He is likely to have a particular friend whom he likes very much but is not "possessive," having no feelings of jealousy when other children play with his friend. Although he is likely to play exclusively with specific children, he is usually pleasant with the others, and when occasion demands he can easily get willing cooperation from them and dominate them. In general, he also is likely to be "rather placid" in his feelings toward his peers.

C. *The Natural Leader Type* (3 children). This type of child seems to have naturally what it takes in the way of inner resources to be recognized by his peers as a leader. He "dominates" his mates through their admiration and love for him. Other children frequently appeal to him for information, and to make decisions for the group. Thus his usual position is that of leader of whatever group he finds himself in. Being very thoughtful of the feelings of others, he gets willing cooperation easily.

D. *The Warm, Friendly, Dependently Sociable Type* (2 children). This child is likely to possess relatively little capacity to function happily in isolation. He is unhappy if he is not playing with other children. He is overtly affectionate toward his playmates. He is always friendly and is thoughtful of others' feelings. He is likely to have a special friend whom he likes and admires very much and is, therefore, likely at times to be quite submissive and at other times to be dominating in his relationships with him.

E. *The Officious "Bossy" Type* (7 children). There is a certain compulsive quality about this child's domineering behavior. He is often abrupt and surly, giving commands "with an air of finality" and he fights for his place as a leader if challenged or opposed. Opposition spurs him on to even greater activity. He must be the one who

decides who shall participate in group activity and he tries to direct all activity about him. He is generally judged by his teachers not to be "pleasant with other children." He becomes quite impatient in a situation where he must wait his turn for the use of a new toy.

F. The Disagreeable, Socially Ineffective Type (4 children). The child who conforms to this pattern will dominate in every situation where he can "get away with it" but often lacks the necessary qualities for dominance. Thus he is seen to lead or follow "as occasion demands." He often tries to make entry into a group, but being rejected, he fails. He is often seen to generate quarrels with his mates over quite trivial matters, and when angry with a child he tries to "get even." He is often seen to be selfish in "sharing" situations in the peer group.

G. The "Lone Wolf" Type (5 children). This child concerns himself little with either leading or following, he plays alone. He is likely to become so absorbed in his own ideas that he pays no attention to other children or their activities. He seldom talks to other children and he seems neither to like nor dislike them particularly. He often seems even to resent the interest they may show in him or what he is doing. He just wants to be left alone. He is occasionally seen to submit to some other child.

Of the group of 60 four-year olds only 36 or approximately 60% were included in these seven "types" as they were grouped in terms of the "indexes of similarity." Although the remaining 24 could have been, and actually were originally, forced into groups through the methodology employed, it did not seem desirable or meaningful to retain them. The patterns of checked items for most of the children not included involved a very small number of items, in a few instances only three,* which made for very low indexes of similarity and although they were originally attached to Type A, the data on them gave a very inadequate picture of their social behavior. Two of the children not included in the seven types, however, constituted an eighth type in the analysis. These two also had relatively low indexes of similarity which were based largely upon items that were so frequently checked for such a large proportion of the children that they had little discriminative value. The type therefore was regarded as having no real significance.

Persistence of the "Type" Behavior Patterns

Importance of the Early Years. Consistent with the organismic

* The instructions to the "raters" who checked the items were to check only those items which they felt were "really true of the child." They were instructed not to guess and were told that "a few true statements are better than many half-true ones."

view of human development and behavior is the idea that the period of infancy and early childhood is extremely important in setting the course of the individual's total personal development. The early emotional interaction between the child and his parents presumably sets directions for changes that are primary and fundamental. Thus, his basic personality—his individuality—begins very early to take form, having as its core his congenital constitutional nature. Accordingly, the fundamental, patterned trends which constitute these early established bases of personality might be expected to persist in spite of efforts to change them in any fundamental way.* Such pervasive qualities as *personal withdrawal* (timid, non-communicativeness), *officious "bossiness," extravertive ascendancy* as expressed in "natural leadership," and the *hostile aggression and strong-arm tactics* which were characteristic of the "disagreeable, socially ineffective" type would seem to be examples of early-established, persisting personality trends.

Comparable behavior check lists were available for the children involved in this study over periods ranging from four to ten years, usually beginning at ages 2½ to 3 years. The lists were checked repeatedly by certain raters through the period, and by different raters from semester to semester. A pattern profile for each child was plotted showing the frequency with which the items were checked during each year covered by the record. Examination of these plottings revealed a striking tendency for the characteristic pattern to persist from year to year. Of the 36 children included in the seven "types" not one showed a consistent trend away from the behavior pattern which characterized his type. There were, to be sure, minor changes with age in the total check pattern. For example, *M*, a member of type E which was characterized by a tendency to be "officious and bossy," at age three showed an inclination to be "rough and mean," often hurting other children in her attempts to dominate. A year later, and from then on to the end of the period of the School's contact with this child at age 6, these particular items were not checked for her. However, the items that were particularly descriptive of her type were consistently checked throughout the four year period. In

* Allport, Bruner, and Jandorf¹ in their analysis of the life histories of a group of anti-Nazi German refugees noted the resistance of basic traits of personality to change even under catastrophic conditions. Their conclusion was that "very rarely does catastrophic social change produce catastrophic alterations in personality. Neither our cases nor such statistics as are available reflect any such number of regressions, hysterias or other traumatic neuroses as the gravity of the social crisis might lead one to expect. On the contrary, perhaps the most vivid impression gained by our analysts from this case-history material is the extraordinary continuity and sameness in the individual personality. . . . Resistance to social catastrophe is the outstanding characteristic of our cases. . . ."

other words, this child's consistent tendency to be "officious and bossy" was probably very fundamental to her nature, presumably having its core in her original temperamental make-up, and became established very early in her social experience as a behavior trait. Some of her methods of expressing the trait at the time she entered the nursery school, however, soon were eliminated or modified as she gained experience in the peer group situation.

In certain cases where the persisting pattern was socially undesirable considerable concern was felt by the teachers and club leaders, and much effort was exerted to bring about improvement in the child's behavior and his relationships with his peers. Generally speaking these efforts brought no more than temporary improvement. S., a member of type F ("disagreeable, socially ineffective"), was an unusually large and vigorous child. From the time she entered the nursery school at 2 years, 7 months, through her last year in the Clubs program, she was consistently rated by her teachers and leaders as being "rough and mean with other children," "impatient," inclined to "tease or torment younger children" and to enjoy "seeing other children reprimanded." She insisted that other children do as she wished and would fight for dominance if opposed.

In addition to the information contained in the check list records the teachers also frequently filed "diary reports" on each child describing in their own words the behavior current at the time, and the progress he was making in his social adjustment. The diary record of S's first day in the nursery school said: "She pulled the children's hair—her method of contact. She simply does not know how to make contact with children." A month later a report read: "S seems to be improving in her method of contact. She is trying now to love them, but is a bit too rough with them." Only one week later: "S had a slight relapse. She picked up the bird bath and threw it at another child. She was also slapping and pushing."

One year later, when S was 3 years, 8 months old, the following brief exchange was reported: S to two girls: "Let me play with you." "No," was the response. S: "I'll be nice." "No." S: "Then I'll spit at you." She did, and the girls ran away.

After three years of effort on the part of the Nursery School staff to help S in her social relations there seems to have been little improvement. She was reported at that time to be "rude and aggressive." "S seems to have made poor social adjustments and is not very co-operative in any way." This "disagreeable, socially ineffective" behavior seems to have been an expression of one facet of S's temperamental nature, a product of interchange between her congenital make-up and her early effective social environment.

A third example of an equally persistent but quite different personality pattern is the case of A., a member of the "timid, withdrawing" group. In spite of all efforts to help this child to "stand up for his rights" and be a bit more aggressive in peer relationships, no consistent change was noted in his check list profile over a seven year period (ages 2-7 to 9-6). At every rating he was checked as inclined to "stand aside to let others participate." He did not frequently engage in conversation with other children and was inclined to be very hesitant to initiate any activity on his own, never to "push the issue in case of opposition" and not to "defend his own rights with other children."

Along with A's pattern of "timidity" a related tendency was noted to be considerate of the wishes and feelings of his age mates. Although he found it "difficult to approach other children and make friends," he was, when occasion arose, "pleasant" and "sympathetic," seldom quarreling over trivial matters. He was generous in sharing his possessions and activities, and if he was hurt by a playmate he was always ready to "forgive." In a staff summary made at the end of his period of regular contact with the School, he was characterized as "careful, methodical, and deliberate," as one who "thinks, then acts," and as one who "never pushes to lead" but was well liked by his peers.

In relation to the possible origin and basis of A's particular pattern, his developmental history is suggestive. As an infant he was described as being "happy" in disposition, but "very determined." "His mother has quite a hard time getting him not to do the things he wants to do. For a time he had temper tantrums but doesn't try that now." Also in the record was that he had very few contacts with children prior to entrance into nursery school. Too, during this period he began biting his finger nails "if at all excited." At the same time the mother was described as rather unstable emotionally and as having "standards" in regard to the appearance of the home that were "too high" and so felt "pushed by pressure of work." All this suggests a child by congenital nature calm and happy but alert and strongly motivated by his environment and moderately active in it, in emotional interaction with a rather tense, repressive mother, perhaps over-concerned about the appearance of her home. The child's early tantrum reaction to the suppression of his impulses soon gave way to a tendency to accept and conform and to not make himself readily available for close interpersonal relationships which are always potentially laden with conflict. Had this child been less calm and "adaptable," and more persistently "hair trigger" and violent in his natural reactions to the same family and parental situation, the outcome in terms of personality "structure" probably would have been quite different.

SUMMARY

This report has been mainly concerned with the importance of the physical organism in its constantly changing aspects, in relation to the patterning and "structure" of personality. Three main aspects of human development were differentiated: a) "Growth" was the term suggested to designate the gross changes in dimensionality and proportions of the organism and its parts. b) Intimately bound up with growth are changes in complexity and organization of body tissues, minute and qualitative in nature, called maturation. c) As growth and maturation progress the organism's behavior possibilities increase. As new patterns of functioning begin, changes in the quality of the behavior come about through its own exercise. Thus learning is a third manifestation of development.

According to this frame of reference, "personality" with its many facets, is the total expression of the constitutional nature of the individual. "Personality development," therefore, refers to changes in total expression—changes in overall functioning—which have resulted from the constant interchange between the individual and his environment. The quality of that interchange and the extent and direction of the resulting change in personal expression at any level of development, depend upon the temperamental nature of the individual and the particular environment effective at the time.

Within this organismic frame of reference some further results of an analysis of children's "ratings" on specific items of social interaction were reported as follows:

1. A "linkage" analysis was made of the check list ratings of 60 four-year olds in terms of 100 items of social interaction of children. The analysis resulted in seven meaningful social-behavior types of children. These types, which evidently represent rather basic personality trends, for purposes of discussion were labeled the "timid, withdrawing," the "easy-going, socially secure," the "natural leader," the "warm and friendly," the "officious, bossy," the "disagreeable, socially ineffective," and the "lone wolf by choice." Thirty-six of the 60 children constituted the seven social behavior types.

2. An examination of the longitudinal check list record of these 36 "typed" children revealed that in every case the pattern was clearly in evidence when the child entered the nursery school and continued consistently to be characteristic of him throughout the period of contact with the School.

3. Three cases, representing three different types of children, were reviewed utilizing supplementary data from the files. These were suggestive in arriving at the following tentative conclusions:

- a) An early established basic behavior tendency or "trait" strongly

resists any fundamental change, although the outward expression of the trait may change with social experience.

b) In the case of a socially undesirable pattern (for example, Type F), even though a great deal of effort is spent trying to influence the child to abandon the pattern, any changes that are effected tend to be only temporary and to involve only the form of overt expression.

c) The particular mother-child combination in terms of temperament and motivational pattern determine the nature of the primary emotional interaction between them which is the all-important factor in the formation of fundamental traits.

The findings and suggestions here presented have some important implications in relation to principles of child care and rearing. A parental and family situation that is good for one child may be anything but "good" for another child with a different activity pattern and affective make-up. Likewise, a child with a given temperamental make-up at birth born into one family situation might develop healthily and in socially acceptable directions, whereas with a different, but equally "good" pair of parents in a different family situation, he might become a serious "behavior problem" in his peer relationships. More consideration, therefore, might well be given to the inherent affective nature and behavior tendencies of the individual child with perhaps less reliance upon generalizations based upon statistical relationships, by parents and others who are responsible for the rearing and guidance of children. The young child responds in terms of the kind of individual (organism) he is, and he is what he is by virtue of past interchange with the significant features of his environment. The nature of the current interchange between him and his parents likewise determines the course of his further functional development.

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EFFECT OF THE DIFFERENCE IN STANDARDS IN INTERPRETING SKELETAL AGE OF INFANTS

S. IDELL PYLE*

Attributes of a Skeletal Maturity Standard

The first standard of reference for determining the rate of calcification of bones of children, the *Atlas of Skeletal Maturation (Hand)* by T. Wingate Todd,¹ contains the following quotation (p. 22) describing the attributes of its basic scale:

Other observers, using this atlas in the assessment of progress in skeletal maturity, may question the age equivalents of our successive standards. With them we would have no quarrel because our insistence is upon successive features of the maturation process, not upon their age equivalents. It is perfectly possible to scale the age equivalents to suit the requirements for any group of children or predilections of any worker. If the observer should feel that we have assigned age equivalents too low or too high, he is at liberty to modify them according to his experience; the successively appearing features of the maturation process will not change their sequence. If the observer is habitually working with a group of children less favorably circumstanced than that which it has been our privilege to study, he will naturally feel that we have scaled our age equivalents too low. Let him revise them to suit himself. We would, however, caution him that difference in age equivalents are not the results of "variations of the normal" however that loose phrase may be interpreted, but are the sequel to subclinical modifications in time relationship of the several successive features in the maturational pattern.

This formulation remains as basic as it was 20 years ago, by any subsequent test of it made in the original Todd laboratory. To me, the paragraph has meant that there are characteristic features of growing bones which are neither stock-limited, sex-linked nor generation-limited. They are those markings on the surface of the cortex of a bone which give it a definitive shape. The morphologic fore-runners of each feature appear in a remarkably stable sequence during childhood. Such fore-runners have been given the anatomical name by which the adult feature on the cortex is known as soon as the first fore-runner of the series appears on the circumference of the growing nodule within the bone. These fore-runners constitute the basic scale

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of the osseous stage of bone development postnatally and are known in the laboratory as intermediate skeletal maturity indicators.

We can never escape the possibility that some effect of periodic variation in quality of health and circumstances may be imprinted upon a growing bone. We need to remain positive that the variation may simply alter the temporal spacing of its intermediate maturity indicators. It seems clear that we need not become unduly concerned about variation in the prominence of any regularly occurring feature of a child's bone as long as we gauge the prominence in terms of stage of its modelling. Sudden distortion or destruction of an osseous feature may modify the shape of an individual's bone permanently without any possibility that the same modification will be transmitted to its child. A mutation will be established gradually. The mutant (form) must first become regularly occurring; then it will be as inherent within a standard of reference of this kind as is the sexual difference in length of the osseous stage of maturation. Thus, variation in standardized age equivalence for a calcification stage shown by these features, not mutation in process, becomes acceptable "variation of the normal."

Five Available Standards of Reference

Until 1950, the radiographic standards of Flory¹ and of Todd² were the only scales available for assessment of the skeletal age of a child during the entire postnatal osseous stage as based upon sequence of appearance of the intermediate skeletal maturity indicators of bones. Since 1950, three * additional standards have been published—those of Greulich and Pyle,³ Speijer⁴ and Mackay.⁵ The five standards are of similar design insofar as their scales are based upon standardized radiographs arrayed in series. Flory's monograph was published in 1936 and Todd's atlas reached press in 1937. Flory stated that in the preparation of his standard he had used many suggestions which Todd had outlined in public addresses and he gave due credit to Todd as the originator of the Inspectional Technique of skeletal age assessment (sometimes erroneously referred to as a qualitative skeletal age rather than an assessment based upon a qualitative scale). It has been shown that these two original standards can be used interchangeably only after due regard for the difference in temporal spacing of the skeletal maturity indicators.⁶ Both standards were

* A sixth standard by Sutow was made from films of Japanese children, beginning with age six years. This standard is not described since it does not extend over the period of infancy. Sutow compared his standard with the Greulich and Pyle standard by assessing their standard plates according to his standard plate series. The comparison is given in the forth-coming second edition of the standard.³

made from films of white children. Flory's group came from Chicago, Illinois, and Todd's group lived in Cleveland, Ohio.

In 1950 two standards of reference were prepared simultaneously. Greulich and Pyle did not know that Speijer was preparing a standard, and presumably he was unaware of their work until it was completed. His bibliography does include reference to their standard, but his monograph was published approximately two years after the standard was completed. The Speijer standard was the first of this design to be made from films of children native in Europe; his group of children lived in Leiden, Holland.

Mackay's⁵ standard was published in 1952. Mackay used films of 1360 negro children from the Wadigo Tribe who lived on the east coast of Africa. While Mackay followed the method of preparation used by Flory, the design of his scale is such that it can be used like that of Todd as well. The fact that he used films of negro children for the construction of his standard of reference obviously makes no difference in its use for assessment of any child's skeletal age.

The design of Speijer's standard makes it appear to be a different kind of standard. Beginning with age three years, he selected three radiographs, modal, delayed and advanced, for each twelve-month interval to 20 years, both for a male standard series and a female standard series. Each tripartite standard (plate) is assigned a single chronological age. It would seem from these legends that the assessor would be obliged to first determine the child's rate of skeletal development. Any film depicts only the developmental level (skeletal age) of the region, and the child's relative advancement or delay can only be seen after its skeletal age is related to its chronological age. Speijer's point is logical and important, and actually seems to be that one can best show the assessor the expected range of the moderate rate schedule by means of tripartite film series. However, the assessments of the plates (Figs. 4 and 5) indicate that his standard sets of films did not have the same proportionate temporal spacing within or between them. The spacing of his modal film series from three to five years of age corresponds closely to the spacing of the Greulich and Pyle series. Since difficulties were not encountered by the author during assessment of any one of the three films in each tripartite standard in Speijer's series, it would seem more logical to use only his modal series and to use some other method of classifying the child's rate of skeletal development.

The Different Component of the Five Standards

In the preceding section, the identical component of the five standards or intermediate skeletal maturity indicator series was discussed.

The fact that each standardizer chose to *point out* different osseous features in his plate descriptions would not prevent anyone from (a) selecting any one of the five standardized plate series, and (b) assessing the other four standards according to it in order to study wherein they may differ. Sutow had assessed the Greulich and Pyle standard by his standard, and the same procedure was followed for Figures 1 to 5 by using the Greulich and Pyle standard to assess the Todd, Flory, Speijer and Mackay sets of standard plates. In the forth-coming second edition of the Greulich and Pyle atlas, the

THE MERRILL-PALMER LOGARITHMIC DEVELOPMENTAL GRAPH

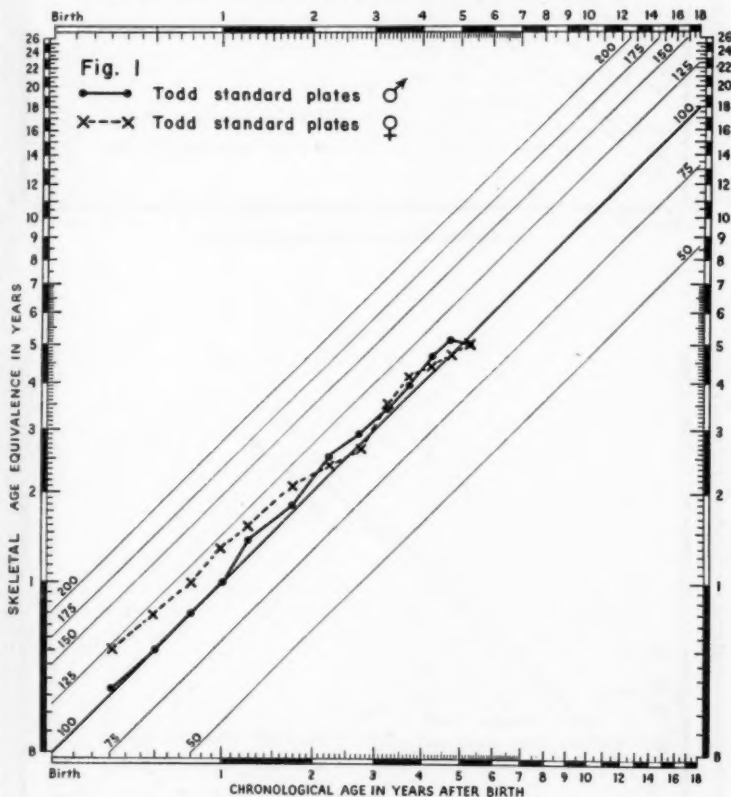
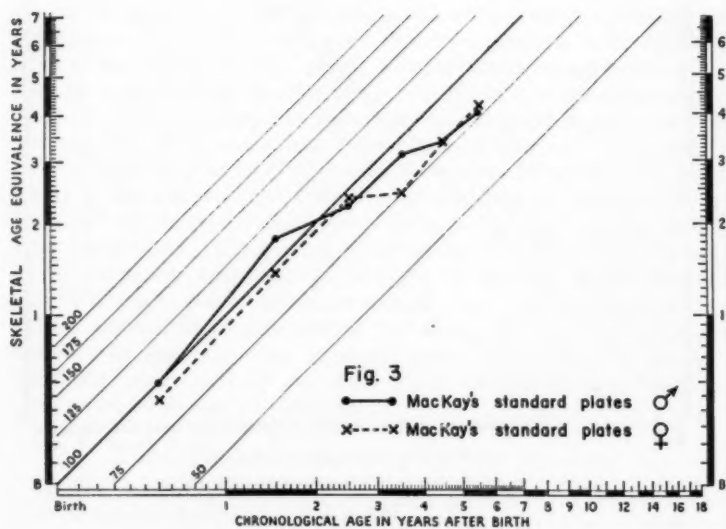
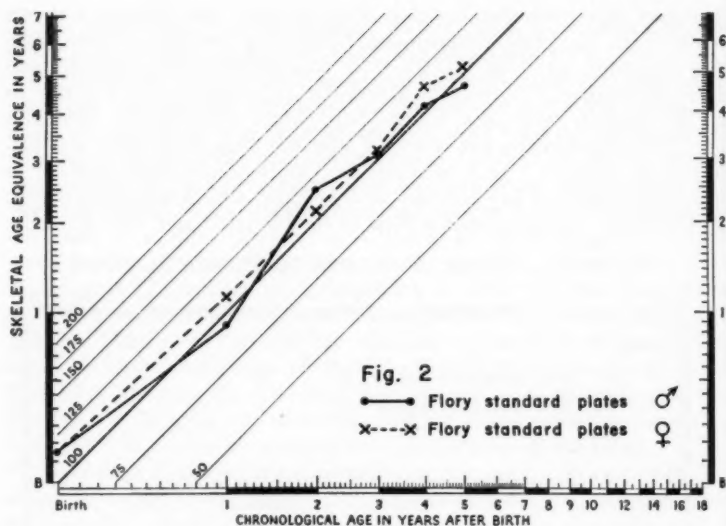
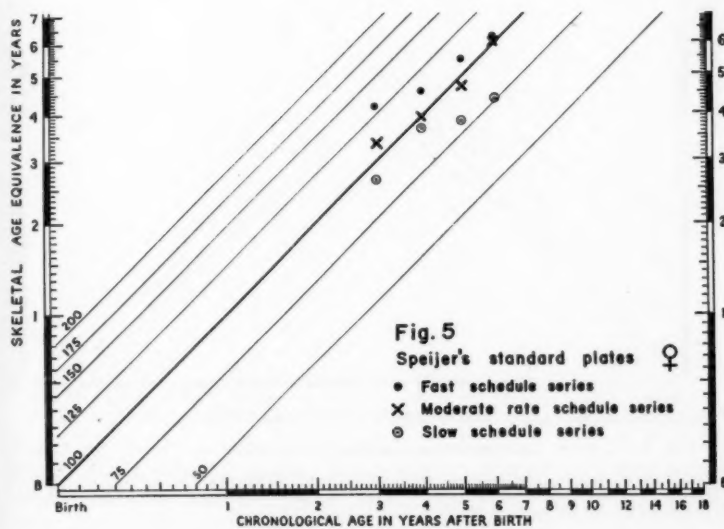
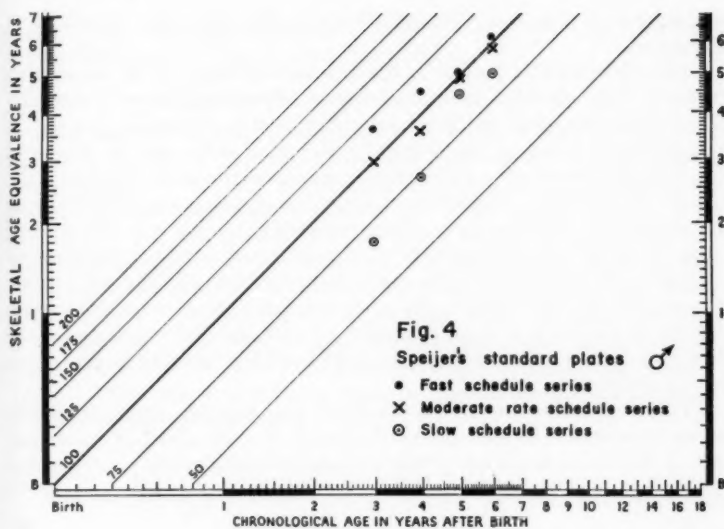


FIGURE 1





assessment of the complete schedules of the four sets of plates is discussed.

The differing component is the temporal spacing of the successive maturity indicators of individual bones. For a beginner it must be mentioned that this standardized difference in temporal spacing is not the same thing as the naturally-occurring difference in temporal spacing of the maturity indicators common to the male hand and the female hand. The standardized temporal spacing usually depends upon the rate of maturation of the population of children whose films were used for the preparation of the standard; or the standardizer might use his experience with many populations to adjust the temporal spacing of his basic scale units. It would be quite rare for two populations of children to have the same rate of skeletal maturation; the five populations whose films were used by these five standardizers are no exceptions.

Clear reproduction of the standard radiographic series is of primary importance to the use of this kind of a standard of reference. All of the films have not been reproduced with equal photographic

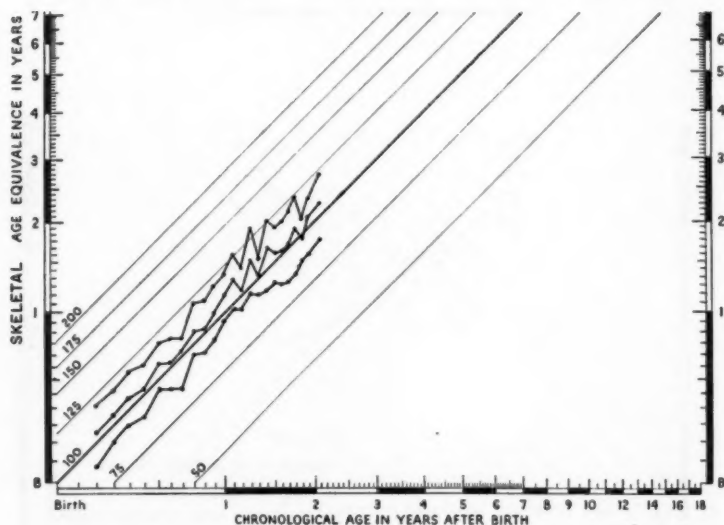


Fig. 6. CURVES DERIVED FROM skeletal age assessments (hand) for Merrill-Palmer boys (See Table 1). Upper curve: average S.A. plus 1 S.D. Middle curve: average S.A. Lower curve: average S.A. minus 1 S.D. The 100 line represents moderate rate of skeletal development.³



Merrill-Palmer
Middle
0 line

clarity. The obviously adequate standard film choices of Flory and Speijer have suffered most from this defect.

An Application of a Standard of Reference

The population of children chosen to see how the differences in temporal spacing of the units of the standard osseous scale may affect interpretation of the rate of calcification during infancy included 412 young children under age 26 months who were enrolled in one of the educational services of the Merrill-Palmer School between 1931 and 1956. This population is of special interest because it is an outstandingly mixed group in national antecedents and because the infants were born during the era when these five standards have been in preparation. The skeletal age assessments of the 1056 films obtained for this group have been summarized in Figures 6 and 7 and in Table 1. The assessments were made by the Greulich and Pyle standard and by the same assessor.

Background of the Population of Infants

The Merrill-Palmer School Infant Service was established in 1931

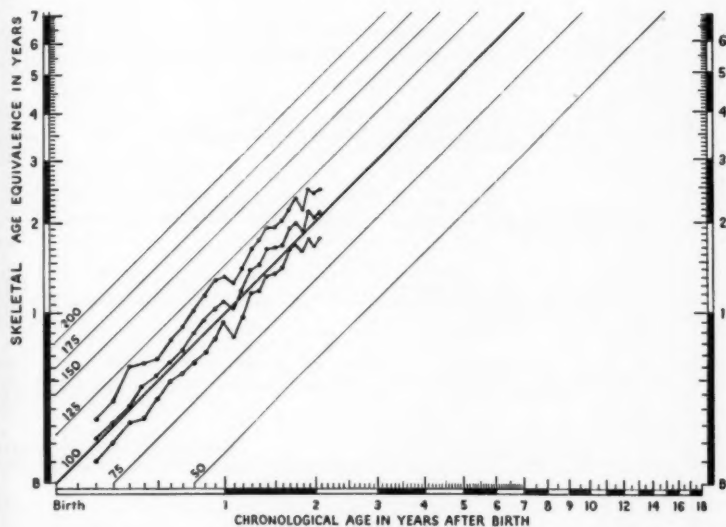


Fig. 7. CURVES DERIVED FROM skeletal age assessments (hand) for Merrill-Palmer girls (See Table 1). Upper curve: average S.A. plus 1 S.D. Middle curve: average S.A. Lower curve: average S.A. minus 1 S.D.

Mean S. A. 2.7 2.23.8 3.34.9 4.15.3 5.77.4 6.47.5 7.610.1 8.710.4 10.311.2 11.612.2 12.914.0 13.516.0 12.9
S. D. 1.2 1.21.6 1.31.9 1.52.1 1.52.1 1.52.1 1.6 3.0 2.2 3.0 2.6 4.0 3.1 3.0 2.2 3.2 3.0

(Months)	14		15		16		17		18		19		20		21		22		23		24		25	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
9																								
10	1																							
11	1																							
12	1																							
13	2	2	2	1	1	1	1	1																
14	3	3	1	3	1	1	1	1																
15	2	4	4	2	2	3	3	1	4															
16	3	2	2	1	6	2	3	1	3	1	3	1	1	1	1	1	1	1	1	1	1	1	1	1
17	3	1	3	7	2	2	3	8	4	3	2	4	3	2	2	2	2	2	2	2	2	2	2	2
18	1	1	3	2	4	2	3	1	2	3	1	3	1	2	3	2	2	2	2	2	2	2	2	2
19	3	1	2	2	1	2	2	3	1	3	2	2	2	2	2	2	2	2	2	2	2	2	2	2
20																								
21	1	1	2	1	2	2	2	4	1	3	2	1	2	1	1	1	1	1	1	1	1	1	1	1
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42																								
Total	23	18	25	25	21	16	22	14	25	25	22	16	14	14	25	19	13	15	12	10	25	25	22	25
Mean S. A.	14.9	14.7	18.6	17.3	16.3	17.9	20.0	19.6	19.2	20.2	19.5	20.9	20.9	23.1	23.0	24.4	21.4	23.9	22.6	26.2	25.2	25.0	27.5	25.9
S. D.	2.4	3.0	4.4	3.0	2.3	3.5	5.4	3.7	3.8	3.5	4.5	3.7	5.1	3.3	6.2	4.3	3.4	3.7	3.5	4.3	3.6	4.6	6.0	4.2

* Each month is from the sixteenth of the earlier month to the fifteenth of the later month.

to supplement a Pregnancy Service which was established in 1927. About 25 to 30 infants were enrolled annually. When the Infant service was started, a radiographic standard of this kind was not available. Miss Mary Sweeny and Dr. Charles A. Wilson made an affiliation with Dr. Todd whereby his standard of reference could be used prior to its publication. Until 1938 either Dr. Todd or his assistant, Dr. Carl C. Francis, assessed and interpreted the radiographs.

A reader familiar with radiography of infants needs no reminder of the skill required to secure 1056 films of comparable quality. A single staff member and the infant's mother conducted the entire test procedure with each infant. Thus, they also made its radiograph. The writer's function since 1938 has been to interpret the films, and it is with great pleasure as well as realism that the parents and the following staff members are named as equal contributors to this section of the paper: Mary E. Sweeny, Charles A. Wilson, Adeline Gulick, Lois M. Shultz, Genievieve Trainham, Elizabeth Romaine, Katherine B. Sanford, Mary E. Boyle, Elizabeth M. Staub, and Sally E. Brown.

The skeletal ages summarized in Figures 6 and 7 and in Table 1 represent approximately two-thirds of the radiographs of infants enrolled in the 25-year period. For this paper, all of the 1056 films have been reassessed directly by the Greulich and Pyle standard without using a "correction factor" to eliminate differences due to variation in temporal spacing between the Todd and Greulich and Pyle scales (Figure 1).

Although the filming interval for each infant was three to six months Table 1 shows that this collection is unique insofar as the filming intervals did not result in predominant bunching of the 1056 films according to the temporal spacing of any one of the five standards discussed here. This is due to the varied chronological ages at enrollment of these infants. Each September, after a four month vacation gap, 12 to 18 infants from the preceding year's enrollment were re-enrolled. The current enrollment was then brought up to capacity with infants from one month to four months old, as a rule. Accordingly, at any time a student could observe a number of infants who were on different developmental levels representing a closely-spaced chronological age continuum.

An attempt was made to select alphabetically 25 boys and 25 girls for each monthly age interval regardless of race, economic level, national antecedents or completeness of radiographic series. The study contains an unusually large number of "first generation" American born infants from families with widely differing national antecedents. Moreover, these young families moved frequently to obtain

desirable housing facilities during World War II. The admixture is predominantly a white infant population from families with moderate incomes who were bringing their children voluntarily to an educational clinic.

The 1056 skeletal ages have been grouped according to 30-day intervals, and then averaged. In Figures 6 and 7, the 100 line represents the curve of the Greulich and Pyle standard of reference.

Discussion

Five radiographic standards for assessment of the rate of calcification of bones of the hand during infancy have been compared to see wherein their basic scales differ. Two of these standards reached press in 1936 and 1937, and the subsequent standards were published between 1950 and 1952. Four of the standards were prepared from films of white children from the United States and Holland; the fifth was based upon films of negro children in Africa. Sets of modal radiographs constitute the basic scale of each standard. The scale units are those osseous features of growing bones which appear in series during childhood; each series of features will be rudimentary forerunners of one of the adult osseous features which give a bone its definitive shape.

It has long been established that those osseous features are neither sex-limited, stock-limited, nor generation-limited. Accordingly, a difference in number of osseous features pointed out by the five standardizers is of importance but of secondary significance; differences in the temporal spacing of the standard scale units is of primary importance. It is such temporal spacing in a child's osseous development which alone reveals the effect of circumstances upon the rate of calcification of its bone.

The technique of assessment of skeletal age of children according to this kind of standard of reference was first named an Inspectional Technique by Flory. The following quotation from his monograph, page 98² sums up not only his tests of the reliability of the Inspectional Technique but also the results of most subsequent tests of reliability of the other four standards:

An explanation has been given of the development and use of a qualitative scale for evaluating the degree of skeletal development attained by any given individual. Age standards with detailed descriptions have been provided. Data have been presented to show that careful inexperienced workers may be trained to use the scale in a relatively accurate manner. Experienced raters were found to obtain very reliable ratings by reference to the standards and their descriptions. The data are consistent at every point in indicating sex differences in favor of earlier development among girls. Epiphyseal development has been presented as a by-product of the

work necessary to develop the scale. It is clear that such a scale as presented above is equally as reliable as any other quantitative scales, easier to use than measurement, and economical of time. If further comparisons reveal that the qualitative technique is sufficiently valid, it appears that the rating scale may take the place of measurements of areas or the calculation of ossification ratios.

The standardized temporal spacing of each scale is of necessity based upon the rate of bone growth of the population of children selected by each standardizer. Figures 1 to 5 show that a few standard plates in the Flory, Todd, Speijer and Mackay standards were assigned the same skeletal age equivalent as the Greulich and Pyle standard plates. The irregularities of these curves as plotted in this kind of logarithmic field⁷ are of significance regardless of the magnitude of the irregularity. The method of assessing skeletal age from a single film requires comparison of a child's film with a *section* of the radiographic continuum which has been standardized, not with a single plate.

Table 1 shows the scatter of the skeletal ages of 412 infants whose films were used to study the rate of calcification of bones of their hands. The assessments of these skeletal ages were made by the Greulich and Pyle standard. The scatter of each bunch of age equivalents in Table 1 makes the use of standard deviations to denote the area of the central tendency in rate of calcification somewhat questionable.⁶ These means and standard deviations are plotted in Figures 6 and 7, and the three curves should be interpreted according to their position with relation to the 100 line in the graphic field. Insofar as these means and the logarithmic form of graph depict both the rate of calcification for these infants and the difference in the temporal spacing of the units of the five standards, the following interpretations are offered:

1. The Detroit infants were predominantly on a somewhat fast calcification schedule, according to the Greulich and Pyle standard. Figures 6 and 7 and Table 1.
2. If the skeletal ages of these infants had been assessed by the Todd standards, the boys would also show a somewhat fast calcification schedule. The girls, however, would appear to be on a much slower schedule and the difference between the sexes is significant. Figures 1, 6 and 7.
3. If the skeletal ages of these infants had been assessed by the Flory standards, different groups of the boys would differ significantly in their calcification schedules. The 11, 12 and 13 month old boys would be on fast schedules, and the 20 and 26 month old boys would

be on significantly slow schedules. The groups of girls below age six months would be on slow schedules. The older girls would have moderate rate schedules. Figures 2, 6 and 7.

4. If the skeletal ages of these children had been assessed by the Mackay standard, the boys would have appeared to be on the same schedule as they are according to the Greulich and Pyle standard. In contrast, the girls would appear to have much faster calcification schedules than the boys.

In 1939, differences in the temporal spacing of the osseous features in the Flory and the Todd standard were analyzed according to assessments of the films of the Fels Research Institute children who were less than six years old.⁶ From that study and the present one it would seem necessary to include an analysis of the temporal spacing of the standards of reference used for population studies with the skeletal age assessments before conclusions about differences in calcification rates or skeletal ages of groups of children are made.

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EXPERIMENTAL TECHNIQUES WITH MARITAL PROBLEMS

AARON L. RUTLEDGE *

The Marriage Counselor becomes so accustomed to the presenting problem being symptomatic that he may have to force himself to consider that it could be the real problem in the marriage. An enlightened individual or couple may have clarified and isolated the basic problem and only need help in resolving it. However, most frequently the problem first stated is only the question upon which concern is focused and may be just a symptom of the true difficulty. The original disturbance may have been repressed or disfigured by efforts to preserve an appearance of harmony or by distorted emotional reactions. The underlying conflict may be the consequence of one or both having a basically crippled or emotionally stunted personality, resulting in neurotic strivings that can never bring satisfaction in any human relationship. It may be the result of specific clashes between a couple who are relatively mature in most relationships, in combination with failing communication. On the other hand, serious conflict may arise from ignorance or misinformation regarding the basic processes of human relationships in general or the marital relationship in particular.

The professional person untrained in *marriage* counseling is subject to several hazards in handling marital difficulties. He may assume that all marital problems are rooted in deep-seated personality disturbances and refuse to render first aid or adjustmental counseling; or, he may assume that the problem of all those who seek marriage counseling merely represents a clash of role concepts and he may attempt to "adjust" them. The latter approach may be harmful by further repressing basic personality conflicts which will cause more trouble later, or by pushing one or both of the couple into a serious emotional disturbance and by leaving one or both without individual help as it is precipitated.

Sometimes the best approach to a marital problem is a superficial counseling approach aimed at "adjusting" the couple to each other.

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In other instances one or both should receive intensive psychotherapy* by one or cooperating counselors. To determine the appropriate approach in each case, being aware of relevant dynamics, requires a marked degree of individual and marital diagnostic skill. To work with adjustmental problems, making use of intra-personal dynamics without upsetting the person; to do intensive therapy with one or both of a couple without being misled and further upsetting the relationship—these functions require the best of a skilled marriage counselor.

Presented to the counselor in a multitude of forms, available research shows that marital conflict is focused upon: many combinations of incompatibility, such as failure to respect one's rights, authoritarianism, cruelty, irritability, moodiness, etc.; sexual conflict centered around lack of mutual satisfaction or the love triangle; lack of sympathy or "we" feeling in the home, with the children and in regard to religion, along with lack of purpose in living; money and buying; non-support and desertion; relatives; and a complex of symptoms frequently labeled as drinking, drug addiction, gambling and "raising hell" which may betray emotional illness.

The frequency of these complaints to the marriage counselor is the joint function of the socio-cultural milieu from which the clients come, the precipitating crisis or triggering incident, and the particular role of the professional person. Whether he is known primarily as a Family Service case worker, a priest, a psychologist, a psychiatrist, or a marriage counselor well may shape the presenting problem when help is sought, although it tends to have much less to do with basic or covert problems which emerge if counseling proceeds far enough.

One detailed case study is used in this paper to demonstrate the variety of marital complaints which might camouflage a more basic disturbance of one or both spouses. The second part of the paper describes the experimental technique used in resolving the husband's basic difficulty, of which impotence was only a symptom.

MARITAL PROBLEMS, PRIMARY OR SYMPTOMATIC?

The case of Mr. and Mrs. Z. illustrates well the fact that any one complaint may camouflage the basic problem, as well as many other symptomatic problems. At the time of seeking help the couple might have named any of the symptoms at the right of the following paragraphs as *the* problem. Certainly at many times in the history of the

* Psychotherapy is used in this paper as an overall or general term to describe all efforts to treat, heal, adjust, or change an individual. Specific types of counseling, guidance, and psychotherapy are parts and approaches to psychotherapy in general. Therefore one might just as well speak of "psychotherapy with marital problems" except that "marriage counseling" is much more acceptable and less threatening to the public.

marriage any one of these complaints could have appeared to be the basic problem. If treated as the primary problem, the symptoms might have cleared up and a "cure" seemed evident. It is likely that a short time later the couple would have returned or gone to another counselor with still another problem.

COMMON PROBLEMS

THE CASE

Marriage tension

Aches and pains

"We just
don't have
any problems."

Inadequate
mate

Sterility

Wartime marriage
growing apart

Premature
ejaculation or
orgasm inadequacy

Sexual
incompatibility

Lack of
cleanliness

The "other"
person

Wants divorce

Mrs. Z., sophisticated, 38 years old, married to a junior executive in a manufacturing company, came by appointment to discuss "marriage problems." She was very tense, not from fear of communicating with the counselor but due to pent-up anxiety and acute headache. In spite of her tension, she could have passed for several years younger, because of the way she was dressed and a well preserved figure. She talked in rapid-fire manner, beginning with a lengthy exposition of her husband's virtues.

She described the husband as hard-working, patient, kind, drank little, didn't chase after women, attended church regularly, was well thought of in the community, made every effort to get whatever she wanted for the house or personally. After forty minutes this testimonial ended abruptly with a statement which came out in a mixture of rage and squirming desire. "He's too darned good. That's it, good for nothing! What I need is a real man!" It wouldn't have been so hard to take this had they had children, although she hadn't really tried to get pregnant and didn't want to now. She felt that if their sex life had been adequate she would have conceived. She talked much about the hopeless state to which their marriage had deteriorated in nine years. They married when both were twenty-nine, a few months after he was inducted into the Armed Forces. The week-ends then were pleasant indeed, leading to a great deal of sexual expression. When he returned from the service sex did not seem to be so important to him, and the frequency of sexual intercourse declined. When he attempted intercourse he often was unable to finish or climaxed much too soon. Long periods of abstinence followed. When she was particularly passionate in the evenings he would beg her to turn over and go to sleep, saying that if he could respond at all he would come to her later. Rarely did he wake her and only occasionally was he able to respond adequately. She was irritated by being awakened and having him attempt intercourse immediately. This was especially annoying since he didn't satisfy her. At times he was asleep when he did this. "He doesn't shave regularly and may go for days without a bath."

She told of increasing advances by a local professional person who seemed to be aware of her unmet sex needs and wished to cash in on them. For a long time she had shunned even thoughts of infidelity but lately had considered such an affair; had a blow-up with her husband over her unmet needs and told him about her extramarital dreaming. She was thinking seriously of entering such a relationship or getting a divorce.

Throughout this conference and several subsequent ones the client manifested a weird picture of burning anger, intensive sexual desire and just plain misery. In spite of marked efforts at control frequently she broke down and cried. Once she said: "You don't know what it is to be a woman, know you're a woman, want love, want sex and yet your husband be impotent."

Impotence

Mother-in-law

Mate ignores spouse

Arm twisted
into counseling

Desire to make
mate happy

Client unable to
conceptualize
problem

She had known always that his mother was not good for him. Yet all their vacations had been spent with the mother's home as their headquarters. The mother insisted that they take her bedroom while she moved into the guest room; vacated drawers in the chests for his things but obviously no space for the wife's things. The wife cited one illustration: A year ago there had been no sex life for some time. Since he pleaded tiredness, she told him that she was going to be patient until their vacation and then "you're going to lay me every nite and every morning." She described with bitterness how they got to the mother's home after resting all day and night on the Pullman, were taken into her bedroom, and she was looking forward to an evening of love. "But, I swear, as quick as he hit his mother's bed he was just a little boy again." He did not touch her once during the whole vacation. She kept saying that surely there must be some part of this her fault and she hoped the counselor could help her get at it. Repeatedly there were outbursts of weeping as she described the frustrations she felt in her sexual excitement when he could not respond. It "gets miserable when you feel a little hot and he cannot respond even with caresses. I get so damned tired of seeing him with his head in a book." When she confronted her husband with desires for extramarital relationships, perhaps divorce, he pleaded with her not to leave him and offered to do anything including going for help.

The husband, two days after the initial interview with her, came in, making every effort to appear cooperative, and yet obviously withdrawn and anxious about the whole matter. He volunteered that he found it difficult to talk about the subject and would appreciate it if the counselor would indicate areas of importance. He was a man of average good looks, business dress, and throughout the interview there was evidence, although brief, of high intelligence in spite of his uncertainty. The only emotion manifested was lack of emotion, except for the trembling anxiety in his voice. He gave the appearance of being just the opposite of an outgoing person. He had to discuss his problems chiefly in terms of, "She thinks that." In discussing impotence, he manifested confusion and a puzzled attitude. Most of what was elicited was at the initiative of the counselor, since to leave him on his own produced nothing except blankness. The counselor (for several reasons) decided to refer Mr. Z. to a psychiatrist with whom he had worked on other cases. Care was taken to prevent the client from feeling that he was considered psychotic, but it was pointed out that deep-seated emotional conflicts can produce difficulty within a marriage as well as in the rest of life. He was no more enthusiastic about this than in coming for the appointment with the counselor but consented to seeing the psychiatrist as soon as an appoint-

ment could be arranged. He stated that since the counselor would be seeing his wife, he and the psychiatrist should feel free to collaborate. After exploring this the arrangement was effected.

The second appointment with Mrs. Z. found her a little more relaxed at the beginning. This was control rather than calmness because soon she was as jittery as before. She pointed out that most of the previous hour had been spent talking about her husband and, realizing that it was necessary to know something about her, she began talking about her early experiences and first marriage. She was the sixth of eight children, born of Catholic parents. The mother was very orthodox, but the father something of a rebel. He found it difficult to conform and was sympathetic to Protestants, which was the majority group. Some of the siblings married Protestants. When the family later moved into a Catholic neighborhood her father felt quite a misfit. It became evident that her major identification in childhood centered around her father and yet this liking him was remote, since he was somewhat mysterious and distant. At the same time, she insisted that he radiated a fervor and enthusiasm which she thought she caught.

First marriage
hang-over

Disagreement about
children, step-child

She didn't know why, but she married at sixteen. The first husband proved to be irresponsible, a philanderer, and a no-good, as she still saw it. She broke up this marriage after a few months, divorced him although she was pregnant. The child was put in a "home" for a little while but then taken out. Various siblings of hers kept the child in their homes except for brief times when she and her present husband tried to keep her. She was bitter because he proved to be an ineffectual father for her daughter.

Differing
temperaments

After the early divorce she became an independent, self-assertive, self-sufficient individual, making her own life as she saw fit. Says she was not promiscuous but if she desired to share herself it was in her rights; but quickly added this happened only a few times because few fellows elicited those warm responses from her. She was a successful business woman making her own way in life until she met Mr. Z. some ten years ago. Right away she saw him to be the quiet, plodding, hard-working regular guy that would be just the opposite of the exciting, irresponsible men she had known.

Income and
spending

In marrying Mr. Z. and moving to a different locality the client had to give up her career and with it a salary much larger than he would ever make. Although their basic needs were met, she was aware constantly of their financial status since all of the older couples in the neighborhood, and many of the younger ones had much larger incomes. This came out socially in that they could not afford to gamble as did the neighbors. She felt inferior because they had to rent a company owned house. It was true that he gave her the check, but he expected her to manage the finances; he was made anxious by bills. He was so passive on the job that he was made into a work horse by all but never promoted.

Different friends

She spent a good deal of therapeutic time venting feelings against the Catholic Community, with its tendencies to criticize members of the

group when they were absent, to make use of her tremendous drive to work but at the same time ostracizing her for her non-catholic friendships which the husband also disapproved. Several times while working over this material she pointed out that her father was never a Catholic at heart. However, she had difficulty remembering anything specific about him since he died when she was in early early teens. She would reject the Catholic religion in toto were it not for her husband's feelings, the loss of face for him, effect upon his job, etc.

Religious difference

Along with her self-assertive, dominant, pushing personality was seen a woman who had strong dependent needs which she had not permitted to be met. Whenever she became hostile and anxious she became aggressive, including sexually, with her desire taking on a demanding quality. Additional data revealed that her great need to be reassured demanded many signs and tokens of love, and when they did not come she became increasingly upset. This anxiety built up a tension level which needed to be released and it sought expression through sexual desires. She vented her hostility upon this "man who is not a man."

Unmet sex needs

The husband was crippled in his relationship to the mother, although he could never reveal the details. He was a highly intelligent, exceedingly careful, uncertain, and somewhat withdrawn man who could relate only in a strictly intellectual fashion, showing little overt feeling. He gave the impression of having been burned so many times in the family constellation that he was afraid to enter an emotional relationship. When confronted with anxiety he withdrew into himself. He and the wife pointed out that there had been a cyclic variation between adjustment and maladjustment in their relationship. Things built up, became increasingly severe, until there was a big explosion and emotional blow. There had been periods earlier when this was followed temporarily by sexual satisfaction and a fair degree of emotional adjustment between the couple.

Won't talk to me

Quarreling

Theoretical Explanation. This couple's periods of oscillation between adjustment and maladjustment, between tension and freedom from tension, between hostility and friendliness, between anxiety and lack of anxiety, might be explained theoretically if the following assumptions are made: *One.* The husband responded to anxiety by withdrawal. This was his characteristic mode of response to anxiety coming from any direction, arising from any cause. When he became anxious he clammed up and when she got upset he couldn't approach her. Being threatened in the sexual area, he responded by denying masculine capacities and taking on a passive nature, which carried over to his work and every area of life. There was some evidence that being inadequate sexually was his only unconscious weapon against her and her demands. His stimulating her sexually while asleep might have arisen from unconscious expression of sexuality which was being consciously repressed, or hallucinatory (dream) fulfillment of her acute need, or it might have been both. *Two.* The characteristic need

of the wife when she felt herself anxious was to be reassured. She was dependent upon signs and tokens of love from the outside. The more upset she became the more attention, affection, and tokens of love she required to restore her to equilibrium. The more anxious she became the more erotic she had to be; the more important sexual adjustment was to her. This is a characteristic feature of somewhat hysterical women. When they get calmed down, when the anxiety level is lowered, they quit making passes at men, quit squirming around on the chair, quit radiating sexuality. The more upset they become the more highly sexualized everything becomes. *Three.* These two individuals, combined into a marital relationship, formed an unstable unit; when she "geed" he "hawed." Anxiety introduced either from within or without the relationship set off a chain reaction which proceeded mathematically on the exponential scale. The more anxious she became the less he was able to approach her and the more he withdrew. In times of anxiety he could not give her what she needed, both because his reaction to her blocked him and because, not permitting himself to receive affection, he had little constant supply of love to share.

Handling the Case. Any of the problems seen in this case might be the central conflict, might be only the symptom of the conflict, or, in time, effect becomes cause in a vicious cycle of marital stress. This means that the focus at the time of counseling, by accident or choice, may be upon basic causes or upon symptoms. Sometimes immediate symptoms must be dealt with before the clients can be concerned about hidden conflicts. The risk is that they or the counselor may mistake symptom disappearance for a cure and terminate counseling. Yet, in many cases this is permitted with the knowledge of the counselor, either because they cannot be motivated to go further, are incapable of working at a deeper level, or the cost in time, pain, and money does not warrant further therapy. Also, some particularly healthy couples will gain enough insight from counseling around one or two problem areas to enable them to work out on their own other problems now and subsequently. This may mean that deeper therapy or longer term marriage counseling is not indicated, although, as any human being, they have some conflict or immature areas in their personalities and in their marriage relationship.

The husband was unable to conceptualize the problem except as "she thinks that." Both because of a heavy schedule and because more difficulty seemed involved in working with him, he was referred to a psychiatrist who had collaborated on other marriage cases.

With the wife the procedure was largely a "client-centered" approach most of the time, with occasional direct suggestions for her

consideration. She calmed down slowly, with less frequent outbursts. Instead of frantically flitting from one club to another she gave a great deal of time to one, in order to see results. She became quite insightful into her own dynamics and some of the ways she affected her husband. Yet he could not respond sexually. There were a few attempts soon after therapy began but he could not maintain an erection.

Things were quiet and peaceful at home most of the time, and she was much less demanding, except that she still felt they should get out weekly with friends. She made real progress in counseling, losing most of the psychosomatic complaints and the urgency of sex needs.

At the end of a year of psychotherapy, after several previous similar reports, the husband suggested that he might as well terminate therapy. Because of the seeming lack of motivation, and his "absolute inability to produce anything spontaneously," the psychiatrist agreed that probably this was wise. What was produced had to be picked out piece by piece by the psychiatrist, and this without affect. The patient continued to justify his wife's actions of every kind. She was a good wife and had a right to her own way of doing things, etc. Whatever insight he seemed to develop later turned out to be merely parroting the questions of the psychiatrist, who felt the patient was wasting his time and money. The wife was disappointed that her husband couldn't be helped, but agreed to the decision to terminate. It was felt that to continue working intensively with the wife would mean that she would outgrow him and probably divorce him. If so, probably she would be unable to establish any more meaningful relationship; would only be hurt again. She came in once a month for the next two months, using the sessions as a supportive, tension lowering device, and then dropped out to live with the status quo. Six months later both of them returned for help. She was as hurt and bitter as before, and he just as puzzled.

It is not the purpose of this article to say that, since any of the many symptoms portrayed here may represent deep-seated personality conflict, the trained marriage counselor should keep hands off. Just the opposite contention is made, with one qualification. Cases should be assigned or accepted on the basis of the clinical training and proficiency of the individual counselor or therapist, not on the basis of the discipline to which he belongs. The discussion is intended to alert all counselors and therapists to what may be the serious conflicts underlying the statement of any symptom, particularly in requests for marriage counseling. This is significant whether the therapeutic goal is to effect a superficial adjustment or to bring about major change or growth.

NEEDLING AS A THERAPEUTIC TECHNIQUE IN MARRIAGE COUNSELING

Working with marriage problems provides some of the greatest temptations of a counselor or psychotherapist to confront the client with inconsistencies, lies, evasions, defenses, half truths, and realistic pictures of how one mate affects the other. By seeing both mates, or collaborating with the second mate's counselor, these inconsistencies become evident much more readily than if depending wholly upon the revelations of one client. This position easily could be exploited to the detriment of the client. Nonetheless there are occasions when facing up to facts is necessary to the progress of a client or a marriage. Behavior which is bizarre from the standpoint of not only the mate but most of culture may have to be labeled as such. The "other side" of certain issues must be brought out. The way one's reactions affect the mate may have to be demonstrated. One may have to face up to unhealthy traits before being challenged to change. A husband may have to see that the wife could be lost before feeling that change is indicated on his part. A direct, yet tactful, confrontation may be done early in counseling with people who are quite mature and who tend to use ideas wisely. There are many troubled couples who, once bitterness is drained off, can be faced with the difficult areas in their relationship to each other. With and without further counseling they then do quite well at resolving problems together. Or when one crisis has been handled, on their own the couple can apply the principles learned to other potential trouble spots discovered by themselves and the counselor.

Perhaps the most effective confrontation in general is that which is done so skillfully that the client never thinks of it as such. There are situations, however, whether working with an individual or a couple, when psychic surgery must be performed if there is to be any chance for change and growth. This demands a skilled surgeon and enough nursing care to see the patient through convalescence.

Six months after termination Mrs. Z. returned to the marriage counselor. She was just as upset as upon the first contact; couldn't stand it any longer. The husband called immediately for an appointment and begged that the counselor not refer him this time. "If we don't work very closely I could lose my wife; she's all I have." The psychiatrist thought it was just as well, so the marriage counselor saw both of them.

The first three months were spent as before with her and she responded accordingly. This time she found a non-paying job with delinquents which was very rewarding as well as requiring use of her abundant energy. This replaced flitting from club to club, project to project, etc.

The husband presented the same picture as described by the psychiatrist earlier. Most of the "tricks" known whereby people can be involved in therapy were utilized to no avail. He could not "feel" or put himself into anything, including therapy.

At this time a reexamination of the entire dynamics led to the adoption of a plan which is rather drastic for marriage counseling or other out-patient treatment. The wife would be encouraged to "be herself" a little more at home rather than controlling feelings or protecting him from them. Gradually she was pushed into exerting the kind of pressures upon him in small doses which had occurred previously when she was panicked. The result was that one month she threw the bills aside when there wasn't enough money to pay them, insisting that she was through writing checks. For the first time in years he took over the check-writing. He did not report this incident. She began making more social engagements; he voiced tiredness but went along.

At this point the counselor began using the interviews to get the husband to "report" the occurrences at home (which he would do but quickly justify her) and then with a slowly increasing intensity "needled" him as one man to another. "She did that to you? You let her get away with it!" And finally, "You can take that and still live with yourself?" He would get tighter and tighter with tension, but never responded with an angry outburst. But one night, after a late afternoon counseling session, he was greeted at home with, "Hurry and change or we'll be late for the party." "What party? I haven't planned a party and I am not going." She explained that they were important friends and she had promised. He said, "Either go alone or call it off and damn it not another word about it." He went to bed.

It took some fishing by the counselor but he told of this incident the next week. Didn't know what came over him. Showed no real feeling except verbal remorse. Counselor countered with the possibility that she had it coming, at which his eyebrow went up. Two weeks later he walked into the boss' office, stated that his salary was inadequate and that he thought it had been neglected long enough. A sizeable increase was made, but the client demanded to know what his chances were, how valuable the company felt he was. He was reassured and increments were set up. He never mentioned this to the counselor but the wife thought he was "radiant" as he reported this to her.

The counselor kept up the pressure and the needling on the little incidents he reported. Shortly thereafter he had refused to go to a show with the wife and friends. She stayed home saying, "We'll talk this out." He ignored her and read a book. She was enraged, snatched

his book and threw it toward the fire. He grabbed her arm, threw her across a chair and spanked her fiercely. She pulled away, locked herself in the bedroom and called the counselor. He had "gone berserk, beat me, and I am frightened." After getting the details the counselor laughed, assured her things were going according to plan, and suggested she go out there and argue with him. She was assured that already the husband was kicking himself for striking her and surely wouldn't hurt her physically. The counselor wanted him to express some of his pent up feelings toward her—could she cooperate? She did a good job. For two hours he criticized her. Then things were quiet except for watching television. Later he called her to the couch, caressed her, and they had "a completely satisfying intercourse."

This was used in counseling to open up a reservoir of frustration and bitterness. He became a hard working client for the next several months as each of the couple came to understand both themselves and their relationship. There were crises resulting in temporary impotence, but he snapped back. They bought a home, and became fascinated with its gardens. Friends came in regularly and they became favorites of the neighborhood children: They agreed upon periodic family conferences for facing up to hurt feelings and misunderstandings as well as trying to handle feelings as they arose. He became increasingly affectionate in his daily relationship to her and she came to enjoy being a housewife. Several years followup have confirmed their growth as persons and as a marriage.

This is not an approach for the novice counselor or psychotherapist. Even the most skillfull will use it sparingly and with care. But it is doubtful that any other method would have saved this marriage, or enabled him to profit from therapy. Many factors had to be considered in planning this approach. The counselor had to weigh carefully the possible latent homosexual component and what might happen if it crashed through the barriers into consciousness, expressing itself with one of the client's staff, or sending him into a panic. What would happen if he blew up on the job, told the boss off, etc.? How much risk was there that the wife would be hurt when hostility was released? Through her and the little he could reveal of himself, these possibilities had to be projected into the future and the counselor become responsible for them. The client was "saying" in every way he could that he dared not open up and let himself feel; "open me at your own risk." But the counselor decided it was worth the risk and remained available throughout the crucial time.

Much could be said about the dynamics of each of this couple and about their relationship. The factors most apropos to this plan of treatment can be seen in an over-simplified hypothesis of what had

happened to him. He was a person with great potential affect, yet in the marriage he could not express himself. Among other possibilities it was concluded that he had been deeply, perhaps frequently, hurt; that a censoring superego did not give him the right to express resentment; that this hurt accumulated and increased in intensity; because much of the reactions had to do with parents and parent figures, the guilt was oppressive; as this pressure of feeling mounted it became dangerous and was repressed lest it hurt somebody or lest he be hurt if it were expressed. To make sure that this charge of emotional TNT would be controlled he had built defenses, poured an ever-thickening layer of concrete to keep them buried.

But the unconscious contains not only hostile impulses but the basic sources of all positive feelings, including the sexual. The "good" feelings had been sealed off with the "bad." To free healthy drives the concrete had to be drilled through or shattered, although there was real risk that he would be overwhelmed. Once wholesome needs and feelings could emerge and be met a new pattern of responding became possible. The next job was to keep the concrete from re-setting, allowing for resolution of some of the deep-seated conflicts now emerging, and giving time for the establishing of positive patterns of responding. The restoration of communication began to make it possible for this couple to meet each other's real needs rather than merely complementing the less healthy sides of each other, or being frustrated by the failure to meet each other's insatiable neurotic needs.

A COMMUNITY CENTER GROUPWORKER IN A CHANGING NEIGHBORHOOD *

MARY JANE EATON

In July 1953 the first negro family moved into Trumbull Park Homes, a Federal Housing Project in South Deering—an isolated workingman's community of 5,000 persons on the far South side of Chicago. In the weeks that followed as many as 1200 police were needed to maintain order. As several new negro families moved in the Mayor's Commission on Human Relations reported:

At 9:30 A.M. the caravan began forming at 95th and Stony Island according to plan. Numerous persons were present including a reporter from the *Daily Calumet*, NBC cameramen, many police and 20 squad cars, representatives of Chicago Housing Authority and Chicago Commission on Human Relations and many others.

The *Chicago American* reported on the incident as follows:

About 50 women, screaming and hurling sticks and stones, tried to form a human barricade as the guarded caravan reached the Bensley Avenue entrance. Several women literally hurled themselves, first at a truck loaded with the newcomers' furniture and later at a new car driven by the head of one of the Negro families.

The Trumbull Park disturbances constitute one of the most extreme examples of the problems of desegregation and integration. The description of the approach of a group work agency to this severely troubled community may be worthwhile in suggesting some of the ways of helping the grocer, the housewife, the steelworker accept desegregation and integration as a part of their every day living.

In September of 1954 the Chicago Housing Authority approached the South Chicago Community Center with a request for program services in Trumbull Park Homes. Financial support was secured from the New World Foundation and the Emil Schwartzhaupt Foundation.

What was the approach of this group work agency in planning and operating its program?

The first task was to study the dynamics of the community, not to take sides and join in the argument, but to dig deep behind the outward symptoms of violence to understand the forces in the community—those forces which can be the cornerstones of positive community

* Report from the Trumbull Park Branch of the South Chicago Community Center presented to the 84th Annual Forum of the National Conference of Social Welfare, Philadelphia, 1957.

growth as well as those which helped to precipitate the violence against the negro.

When Trumbull Park Homes, a public housing project, was built in 1939 it had the support of the local groups. This steelworker's community with a high percentage of home owners, primarily Italian, Polish and Yugoslavian, looked upon this as a chance for much needed housing for local families. However, with the war economy these workers made too much money to live in public housing and a "bunch of outsiders" was moved in. To the South Deering residents, with longstanding resentment of downtown control, the "city-slickers" had worked the shell game on them again.

These new residents, the tenants of Trumbull Park Homes (460 families, 1700 people) were not ideal neighbors. Only 44 per cent of the families included both parents; 30 per cent were receiving public assistance. Substantiated reports indicate that delinquency and immorality ran rampant. In South Deering and South Chicago, Trumbull Park Homes were frequently referred to as the red light district.

The fear and distrust of the housing project did not begin when a negro family moved in. This event did provide a focus for long present distrust and resentment. As a result, for over two years 300 policemen a day, at a cost of over one million dollars a year, were needed to maintain order. Negroes were not safe on the street. Aerial bombs exploded daily.

Many outside groups sought solutions to the problem.

In presenting proposals based on its study to the foundations, the South Chicago Community Center stated: "It will be important to offer services to them (the people of the community) simply as people and to avoid the development of any inter-racial crusade." This gives the basis of one of the major contentions which underlies the problem in this troubled area. Far from dodging the racial issue—this places the responsibility for solutions in the hands of the residents of the community.

At the same time it is of utmost importance that the Agency have a clearly established policy of integration on board, staff and program levels.

It is the contention of the agency that, in this situation, the problems around the desegregation of this housing project are so severe and that the lines of resistance are so solidly drawn, that progress cannot be made by attacking them directly. A direct attack on the racial issue can only draw more tightly the lines of resistance.

It is also the belief of the agency that the problems around the racial issue are symptoms of deeper, more fundamental problems in the community. The isolation of this community, the distrust of the

care which the project families give their children and the influence of these children on their own, the immorality of adults, the fear of degeneration of property appearance and value: these are more fundamental to the real problems than the presence of a few negro families. It is felt that when South Deering residents can take and work together to solve some of these problems, the fact that Negroes are living in their community will no longer stimulate such severe resistance and attack.

Thus the program of the Community Center does not concentrate on the racial issue. The focus has been on the concerns of South Deering families, both home owners and housing project tenants as they raise their children, take care of their yards and struggle to find security and self respect.

In the concentration on these fundamental problems of the community it is the thesis of the agency that their solutions must come from the people themselves. They cannot be made by outsiders giving the answers. These answers are seldom the real ones.

Not only must the answers come from the people, they also *can* come from them. Underlying the program is the belief in the strange, blundering, family of man. With all of his selfishness and hate, given freedom, responsibility and help in understanding the problems he faces, he will come blundering through. It may take a little time but the solutions produced by freedom and democracy will surpass those handed down by Authority.

The Community Center uses these principles as the overall thesis of its program. It is the ultimate yardstick by which it measures the community and the program developing in it—the final guide to give it direction.

A description of some of the program developed by the South Chicago Community Center with the people of South Deering illustrates the application of the foregoing philosophy.

In its beginning the Trumbull Park Branch of the South Chicago Community Center decided to begin service in the housing project: first, because there was not the organized resistance against any outside group that was and is present among the home owners of South Deering; second, and most important, because the serious problems of the tenant families have been to some extent a legitimate focus for distrust and fear.

What does a worker do in this setting? Before any program is set up he must learn to know first-hand the individual people—their fears and ambitions. He must earn an acceptance by his real concern and respect for them as people. This was not done in an office or in the organization of a group. The first worker, a nursery school teacher,

spent hours singing songs, playing "hokey pokey" with children, talking to a mother about her child's need for shoes. In simple natural relationships with people a beginning trust was developed. This has been the role of each member of the staff as program expanded. This means an acceptance of the mother who locks her children outside for a whole day, the man who sets off the aerial bombs to frighten the

Negroes, as well as the mother who is concerned that her child learn to accept people no matter what their color is.

The program developed from what was felt as the most basic concern in the community, that is, the concern and love of parents for children. This simple, warm, human feeling is present in housing project families, South Deering home owners, negroes, whites, and consequently is potentially a strong unifying force that transcends barriers of race and economic and social differences.

Further, it is the contention that a closer relationship exists between parent and child in the preschool years than at any other age. Hence the foundation of the program was built with a nursery school around the needs of preschool children. As a result of this emphasis the adult groups that were built were parent groups brought together around the interest in their children.

Program was developed with a problem centered orientation from this foundation. Focus was given to simple problems that parents could be a part of, find ways of dealing with, and successfully solve.

A half day nursery school for ten three-year-olds was the first organized program. One mother painted chairs, one mother brought toys her child didn't use. Another helped teach on the first day. No meetings were held, no discussion of problems of an integrated nursery school group. But negro and white mothers saw the need for their children to play and get along with other children. They were not outsiders coming in as parents to look at a nice nursery school. The nursery school was as much theirs as it was the staff's.

As program for older children developed, the same emphasis on tackling problems stemming from common concerns was made. These clubs were natural groups of friends, not groups formed by staff. Staff members spent more time in the homes of the children than they did with the clubs. The relations with the parents were considered as important as the relations with the children.

No attempt was made to have each group integrated. One club is all negro, several are all white and some of the younger clubs are negro and white. But common concerns were approached by all and at times the groups worked together in community projects.

It would be impossible to describe the growth of the program in full. The development of a parent's club can illustrate the philosophy

and principles of operation. The foundation for an organized parent's club came through the work by both parents and staff on real problems. Several meetings were held around specific concerns such as the need for a record player, and the desire to have a community Christmas party for the children in the community. Then came the time at one such meeting when a mother said "I think we need to meet every month, there are so many things to talk about."

April 1, 31 mothers came to the third meeting of the Trumbull Park Parent's Club. In the group were seven negro mothers and four mothers from South Deering who do not live in the housing project. They were all parents of club and nursery school children. The following was the agenda for the meeting:

1. Discussion of April bake sale (a monthly bake sale organized by parents for financial backing of club activities).
2. Report by mother from the committee for socials given for school age children by the parents.
3. Announcement of next parent's recreation night for mothers and fathers.
4. Report of library committee on progress for special collection of books from the public library to be managed by parents.
5. Discussion of cost of ping pong table for older children's club room—Parents looking into cost before deciding on donation of table to the Center.
6. Discussion of plans for Easter egg hunt for all children in the community. Mothers to donate money for eggs from bake sale and to color and hide eggs on Easter Sunday morning.
7. Announcement of Trumbull Park clubs' part in Spring Show at Center.
8. Information on Patron's Tea for benefit of the South Chicago Community Center.
9. Movies taken by staff members of nursery school and club groups.

With the exception of the Patron's Tea all items for the agenda came from parents' interest and suggestions. The group divided into working committees around particular interests of individual members: i.e., Social Committee, Library Committee, Easter Egg Hunt Committee, Patron's Tea Committee. Each Committee was interracial and participation in all parent sponsored activities had been integrated.

Toward the end of the April meeting one mother said, "Let's make this group into a tenant's council as we used to have." Several mothers quickly replied, "We don't want a council, they never did anything. We get together to work for our kids." Parents continually have given staff the assurance that this approach has validity.

Through this emphasis on parents' concerns around children, using a problem centered approach, much progress has been made—progress that South Deering home owners and project tenants had considered impossible.

1. In the course of a year and a half, negro and white adults have been able to sit together, talk together, organize a formal group and plan and carry out programs. White adults can see the gain they make by the negro mothers' help. Negro mothers can see that their contribution is important, not because they are negro but because they can work on problems that are common to all.
Example—Parent Committees.
2. Parents can broaden their concern outside of themselves and their own children to help others in community and begin to get more pride in the positive things they can do for the whole community.
Example: Easter Egg Hunt and Library Program.
3. The community outside the project can see the concern of project parents for their children—their interest in improving their community and their ability to work together. Thus the threat to their own homes is lessened and tensions reduced.
4. The community outside the project can also see gains for their own children from program and can begin to take a part in it. Twenty per cent of the present participants live in the belligerent community across the street from the housing project.
5. More and more support and participation in the Community Center by parents develops. Staff helps in less and less of a direct way and more in a supportive manner. Progress is made toward less financial support from outside sources and more conception that the center is not only in the community but also belongs to the community.
Examples—backing for money making affairs such as Patron's Tea and Spring Show; parents running bake sales on their own; asking for policy making responsibility in the parent club.

Each of the program gains has had its impact on the larger community. The community center has begun to develop relationships with the public park. The cooperation and support by the park has been earned by evidence of the Center's concern for all of the children in the community, not by a push for the rights of Negroes in the park. The park has accepted negro members of groups that the Center has taken to the park program.

The organized belligerent group of home owners in South Deering has conceded that the Center's program is an intelligent approach to the problem. They have at no time openly attacked the program. Staff

members of the Center have been able to talk to the leaders of this group without meeting emotional antagonism and complete rejection. This has not been true of any other integrated agency in the community.

Most basic in progress has been the beginning respect of the people for themselves and their community. The confidence they gain in tackling real problems and successfully coping with them is the best insurance there is for future success in meeting the next problem.

Two mothers gave the staff more evidence of the validity of this approach than any detailed analysis could give.

After the egg hunt on Easter Sunday morning one mother said "This is real good. I've never lived in a neighborhood where people got together to give an Easter egg hunt for the kids."

At the end of one of the first bake sales another mother said, "people always talk about the terrible things that happen here . . . on the radio and in the newspapers. Why don't they talk about the nice things, like this bake sale?"

The problems of the South Deering community are not solved—the hard core of resistance still remains. Progress has been made—the police force has been reduced from 300 to 45 a day; aerial bombs still go off—but much less frequently; tension and antagonism seem to have lessened. It is the belief that this program offered by a group work agency has helped the community begin to find some solutions in its struggle toward desegregation and integration. It is felt that the Center's contribution has not been due to any specific activity, but to the underlying principles, which are:

1. To start by seeking an understanding of the community and the reasons for fear and insecurity which are the underlying causes of outbreak of racial tension and violence.
2. To focus on basic human interests and needs which are common to all members in the community—i.e., the care of children—the search for self respect and security—not to attack the racial issue directly.
3. To work at all times from respect for the right and ability of the people themselves to find their own, best solutions.
4. To build program from first hand relationships between staff and small natural groups, accepting and respecting people where they are.
5. To develop specific program by helping the people attack problems which are common to all and which can be tackled and solved by united effort.
6. To build on the confidence and security gained in solving prob-

lems, by giving more and more responsibility to members in the community and less and less direct help by staff.

The solutions to problems of desegregation and integration must come from the people who can realistically be expected to work out the best answers to the problems. The group worker can make a significant contribution by working with individuals and small groups around basic, uniting interests and concerns of all people.

THE MERRILL-PALMER FAMILY CLUB

Denise D'Aoust *

Operating within a democratic framework, it is difficult to trace the exact history of an idea; sometimes we can only say that individuals have felt similar concerns and together have developed an idea and a plan. From such a group stems the history of the Merrill-Palmer Family Club.

In services to the school-age child in the community, members of the staff of the School had been providing opportunities for adjustment and growth through primary peer group experiences. Yet the interest lay not in the child alone, but in the child as part of his environment, necessarily including his family. Because of this interest in the total family as a strong influence in the emotional and social development of the individual, the same persons were also working with individual families, parents and parent groups. The staff members responsible for services to school-age children, recognizing that help was being given to families through the children in one setting, and the parents in another, saw a need for experimentation with a type of program in which all members of a family could be helped to grow and to develop in a family group situation.

Could a group of this kind offer the same types of learning experiences as could a primary peer group? Could it have a dual function of educating parents as well as helping all the group members, irrespective of age, grow in their social adjustment through a democratic experience, thus strengthening the individual families? Could some inter- and intra-family social, educational and emotional needs be met by such a group? If so, would it be possible that, with the help of a trained leader, such a group could assess its own needs and create a program accordingly. The staff members believed that only through helping a group do this themselves, whether verbalization of the needs came before the plans or as an insight after a period of working together "on hunches," could the experiment be meaningful to either the families or the School. Thus, the leader's function in the group could only be one of guidance of the individuals toward understanding themselves and their needs and help in using the club to fulfill these needs.

In 1954 a group was recruited on a two-fold basis: First, all the

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families contacted had at one time had a member in the Merrill-Palmer clubs program or on a waiting list for a club or preschool experience. Second, each family must have a six year old offspring. From some two dozen interviews, five families were obtained to compose the group. One family was added later. The families were from the middle or upper middle socio-economic strata. Among them, the fields of law, engineering, accounting, physics and business were represented. One family owned its own business. The age range of the children in the selected families was three to nine years. In the five families there was a total of twenty-six individual participants.

Since the group was recruited in part for teaching purposes, at least one student worked as an assistant leader during each school quarter. As a requirement for their laboratory work with the group, the students were asked to write progress records of each meeting. Therefore, much of the information in this paper is drawn not only from the ideas of the leaders but also from those of the students involved. From the start, the group was made aware of the function of the students and of the use of recording as a tool in helping the group and teaching these students. In its first three years of existence the Family Club went through three definite stages of development, each stage coinciding roughly to one year.

Initial Period: The initial interest of all the families in joining this group seemed to be due in great part to the School's reputation in the community. All of them had been on a waiting list, evidence that they had been anxious for their youngsters to participate in a phase of the School's program, whether it be preschool or school-age clubs. Preschool had been unavailable and although three of the families had had youngsters in school-age clubs, they had found this program difficult because of distance, transportation, and the late afternoon hour at which the meetings were held. All of these families, therefore, were eager to try Family Club as the answer in terms of an affiliation to the School. Through this affiliation it seems that the majority of families were looking for support and guidance in their job of child-rearing.

The families expected to find a planned program in which they would participate and be observed in order to provide teaching material for the students. Some disappointment and confusion were shown when they were made aware that the planning for the program would be left to their own ingenuity. At first, there was a great deal of trial and error and floundering. Since none of the families knew each other well, many visual activities were planned—activities in which the forming of relationships would be secondary to the program itself. Throughout this period, the members questioned their function

in the School galaxy—their *raison d'être*. They questioned their success in terms of Merrill-Palmer demands, particularly since they were still uncertain of what these demands were.

Second Phase. During the second year, the group began to accept the responsibility for self-direction. However, a question was still in everyone's mind about what Merrill-Palmer wanted from them. Although the answer given asserted that we only wanted what would be satisfying to them, confusion arose because, seemingly contrary to this idea, the leader was pressuring for definite changes in the focus of the group. It seems that the confusion really arose from a lack of clear understanding of the actual function of a leader in perceiving the needs of the group and attempting to expedite fulfillment thereof. The club had reached a plateau. It seemed as though meetings were a social outlet for parents while the student leaders conducted programs with the youngsters. Although the adults were aware that there was a need for more "whole family" planning to replace the then predominant "adult directed" planning, they needed guidance and leadership in order to establish such a pattern. But when the leadership came in the form of what seemed to them to be almost forceful direction, they resisted it and rejected changes.

However, many gains were made during this period. The group became more a reflection of a large family, with individual members represented by family groups. Patterns of leadership developed. Much of the groundwork and preparation for the successful adult meetings and all-club programs of the third year can be directly attributed to the process which took place during the difficult second year.

Third Phase. Between the second and third years the group almost disintegrated (at least as an affiliate of Merrill-Palmer) because of the difficult growing experiences of the second year. However, for the members there was enough meaning in the group for them to choose to come back. In so doing, they were required to reassess their goals and to give thought to program planning for the entire year. Arrangements were made for each family to plan together and the various ideas produced were compiled into a program for the third year. The members were realistic enough to see this as a guide which could be changed when necessary.

Throughout the third year, great strides were made in the areas which had seemed so difficult the previous year. For instance, the adults did not unconsciously shift the responsibilities of leading children's activities to the leaders. They became interested in the value of different kinds of activities, and methods of implementing program in the most effective way. As a result, adult discussion meet-

ings became necessary. At these meetings, the members did not feel limited to discussion related to the group only, but were able to share more freely problems, ideas and advice more personal in nature.

In the middle of the third year, the question "what have we contributed to Merrill-Palmer School?" again was introduced. Group members also asked the staff to define what the school felt they had gained. Since the leader felt that an evaluation by the staff could be meaningful only if it followed a group self-evaluation, at a meeting scheduled for this the adult members discussed their original purpose in joining the group and changes in goals which had taken place during their three years in the club. They evaluated the success of the group by discussing whether any or all of these goals had been reached and where there were gaps which needed to be filled.

All of the material necessary for a final evaluation by the leader was touched upon during this meeting. Therefore, the evaluative material following is a compilation and organization of the group's ideas, broadened and expanded by staff and student observations.

Evaluation: In their evaluation the members touched on two areas where they felt they had gained learning through their mutual association. The first was tangible learning. Primarily, they meant arts and craft skills, which were learned on an individual rather than family basis. However, they felt that because they were required to direct the activities themselves, there had not been enough variety or challenge in the craft program. Other types of skills used in the activities planned were mainly an expansion of work or play usually carried on in the home; therefore these were not mentioned as having in themselves contributed to their learning.

The second area of learning could be classified as "intangible gains." They realized that activities and learning new skills had been unimportant in comparison to the value of such gains. Among these gains were: (1) the opportunity for families to meet together and share ideas—an opportunity seldom found in our urban society; (2) a chance for youngsters to work and play not only with their parents and their friends but also with the parents of their friends, thus broadening their experience with adults; (3) the occasion to "have fun" in doing things as a group and as small groups within a larger one. Perhaps not so easily measured is the value of this group in providing an inter-racial and inter-cultural experience for the members. The families seemed to agree that no matter what the final product of the activity had been—whether a presentable craft item or a batch of burnt cookies—the important gain had come from enjoying the experience together.

One of the student leaders, during her first association with the

group, clearly saw why they had been successful in just "being together." She felt that the members had been creative in building relationships, and this in turn had enabled them to share ideas and discuss common—or isolated—problems and joys. Through this channel, families learned from each other rather than from the School as they had originally thought they would. Sharing these ideas not only provided learning for the adults, but enabled them to improve their club meetings, thus making the club a better experience for the children. Another of the student leaders wrote in her final record of the group: "... the group is attempting always to discover better ways to relate to children and to do more in each individual family group. They seem to search for a closer and better way of family life that they can carry from the club group into their every day family life."

Further, it seems that the families not only learned from each other, but also helped each other learn. Again, a student leader said in her final evaluation of the group: "I feel a family bond in the group in the sense of acceptance and support among the members. Members have felt free to suggest ideas to each other when this has seemed the answer at the moment; or have merely listened and helped in this way." As it is true in all experiences, not all the families reaped benefits from the activity in the same way, or to the same extent. Probably families gained to the extent that they accepted the group as having the potential of filling some of their needs as individuals or as a family.

In their evaluation, the members included planning as an integral part of the process which has been discussed. However, they felt that this was an area where they had not been as successful. In a group composed of both parents and children, it was difficult to implement completely democratic program planning without being faced with certain limitations. For example: days and dates of activities could not be left to the youngsters to decide because of family commitments known only to the parents. The age range of the youngsters also was another important limitation in the planning process. It was difficult for the adults to implement a level of planning which would have been satisfying to all the members. Perhaps this was a reflection of the greatest question which parents face—how much responsibility can be given to the youngsters? Moreover, this program could not have been only a reflection of the children's choices or the club would not truly have been a family club. Herein lies the other question—what are the parent's rights and what is a good balance to reach in order to satisfy everyone?

It seemed that in the future the group—the adults first, then the entire group—would need to concentrate on finding answers in this

area. No doubt all the families would differ somewhat in their thinking with regard to privileges and responsibilities, but reaching an understanding would only be one example of the excellent communication between the families.

CONCLUSION

In their plans for the future, the adult group members considered several alternatives. First, should the group continue or disband with the premise that the club had served its purpose insofar as they were concerned? If they were to continue would the addition of a new family broaden the scope of the group? New members would mean new ideas and greater stimulation. Could they profit by bringing in an added emphasis on planning and concentrating on the implementation of their ideas? Could the members contribute to the program of the School by making themselves available as resource persons in classroom sessions or in the organization of new groups?

Their basic decision was to continue meeting, at least for another year. However, they felt that fortnightly rather than weekly meetings would adequately meet their present needs, and allow the separate families more freedom in choosing other types of activities. A recommendation was made that a new family be chosen by the staff and be included in the group at the first autumn meeting. Distant, unspecific plans included future help to the laboratory staff in setting up new groups, and perhaps an eventual continuation of parent meetings, if the all-family regular meetings were to become unfeasible.

This fall (1957) the Family Club had one adult meeting in which the discussion centered around the implementation of new program planning methods. An additional family is being recruited. The selection of a Negro family was favored to balance the racial composition of the group. An interesting year in the history of the club was anticipated. This club group seems to be beyond the experimental stage and to have proved that this type of activity can be an excellent medium for fostering individual and family growth.

PHILOSOPHY OF MULTIDISCIPLINARY MEDICINE *

A. J. DERBYSHIRE †

The essential convulsive disorder epilepsy is one of a class of illnesses characterized by the peculiarity that if a patient with epilepsy is referred to a series of specialists each will find that he has convulsions, but each will also bring out certain etiologic or causative factors which he can identify through his specialty. Each specialist sincerely believes the factors he finds to be those of primary importance. The internist sees the basic problem as revolving around the balance of sugar, salt, and water; the neurologist finds an electrical and structural disturbance, most frequently in the temporal lobes or in the thalamus; the endocrinologist points to a pituitary, thyroid, gonadal disturbance; and the psychiatrist describes a character disorder or a precarious pre-psychotic balance.

Therefore, we see that if we accept the presence of seizures as a symptom and all the factors given above as etiologies, then the epileptic patient must truly have a most complex, multiple illness. It must be quite different from poliomyelitis, or measles, or hysteria. In patients with the latter all the various specialists agree and only one diagnosis and one etiology are found by them all.

Until we understand illnesses as protean in their origins as epilepsy, we are greatly limited in what we can do for these patients other than symptomatic treatment. We are certain that an answer will be found only when a multidisciplinary team is created that can weave together these many origins into an integrated pattern. Until then no one treatment, no one etiology will ever provide more than a part of the answer.

We believe that several illnesses belong to this group of multi-etiological diseases. This group includes at least the psychoses, mental retardation and epilepsy. On at least one basis these diseases are sharply differentiated from psychosomatic illnesses such as gastric ulcers and asthma, wherein an effector organ (the terminus of a motor or secretory nerve) is the target of the central disturbance. By contrast, in the psychoneuroses the psyche is the target organ; in the

* Presented at the Cornelian Corner Seminar, Detroit, February 16, 1957, and reprinted here with slight changes to amplify terminology because of its multidisciplinary approach to medical care (Derbyshire, A. J., Ph.D. *Philosophy of Multidisciplinary Medicine*. Harper Hospital Bull. 15:113, 1957).

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multietiologic diseases, however, it is the physical brain that bears the brunt of the disturbance of the total person and is the target organ. These cerebral illnesses distort the functioning of the brain by the influence of their own physical disturbances. This, in turn, leads to wider disturbances of the brain and to widespread bodily instability. These bodily changes again reflect back upon the functioning of the nervous centers. The multietiologic illness is an illustration of disorganization within self re-exciting or feed back circuits.

We believe that epilepsy is an ideal choice of problem in which to initiate the analysis of multietiologic diseases because the whole entity culminates in a very forthright type of organic manifestation, namely, the seizure. This seizure is an abnormal physical discharge of the corticothalamic mechanisms * which can be quantitatively measured by physical instruments (EEG) and is clearly manifest in motor activity (convulsion). The other illnesses of this group are more difficult to understand because the physical aspect of the disturbance is not as overt and is seen as complex inhibitory or excitatory phenomena within the behavioral, emotional and intellectual spheres of nervous activity.

Beyond this approach to special illnesses, a team such as we aspire to be offers tremendous opportunity for theoretical formulation of models of thinking and the experimental study of human behavior.

The limitations of multidisciplinary teams are related to two classes of factors. One is endogenous (produced within) and depends upon the interrelations of the members of the team. Whenever these relationships are weak then there is poor insight into the patient's problems in these areas. Wherein these relations are strong, the team excels.

The exogenous (externally caused) factors are related primarily to the semantics which the team develops to communicate with each other and with the patient; and secondarily to the nature of the illness itself insofar as it is possible to see the interplay of the various forces.

We have indicated that when a multidisciplinary team looks at people with seizures, it finds a wide spread of disturbances. We would like to try out one model of thinking as an attempt to integrate this data and weave it into a pattern for the convulsive problem.

We have built this model around the history and findings of Lena and Renee. These dizygotic (fraternal) twins of nine years of age come from a family of whom two direct relatives have diabetes, two

* The thalamus is a mass of gray matter at the base of the brain which has three kinds of reciprocal neural connections with the cortical mantle: (1) A specific, focal point for point relationship for the projection of the primary sensory modalities, (2) a give and take relationship tying one area of brain or cerebrum to another area (association), (3) a primitive diffuse connection to the entire cerebral mantle to modify the cortical state.

have had seizures, one migraine, and one has had central nervous system syphilis. Neither girl shows any disturbance by neurologic and physical examinations except a slightly high arched palate. They are different in body build. Lena has seizures, is heavier, more restless and eats better. Renee is darker complected, slender, less active, makes longerlasting friendships, is a picky eater and has never convulsed. Lena was bottle fed and received little cuddling; Renee was breast fed and cuddled. At one year of age Lena developed a fever of 105° in response to vaccination eight days before, resulting in several major convulsions. Since then Lena has had clusters of both grand mal (complete) and focal (limited) seizures every three to six months to the present time, although a combination of dilantin and thorazine has produced considerable improvement by reducing the number and severity of attacks as well as the hyperactivity in her behavior.

The children differ psychologically in that Lena acts out her problems, particularly her hostility, while Renee keeps most of her feelings to herself. Lena is basically an angry child while Renee is constantly searching for more love.

Both children show abnormal electroencephalogram patterns with slow spikes activated by sleepiness. Lena's are in the left front temporal zone and probably are deep to the cortical surface. Renee shows spikes in the left parietal area. As the years pass, Renee's spikes become harder to find while Lena's remain clear. In addition, Lena's basic pattern is far more arrhythmic with a poorly developed alpha rhythm even though the frequencies are at a normal maturational level.

In these girls we must integrate into one pattern many disturbances including sugar and potassium metabolism, basal metabolic rate, toxic reaction in the central nervous system, focal slow spikes in the electroencephalogram, personality disturbances, and a definite family background of illnesses in all these same areas.

We propose first the model then we will see how it works out in the cases of Lena and Renee. To begin with, genetic factors create a disturbance in the timing of maturational processes somewhere before the end of the first year and more likely near the time of birth or before it. This may result in an over preponderance of thalamic activity discharging excessively into an immature cortex. The particular pattern of disturbed thalamocortical circuits is determined by the stage of development and the experience of the patient. Any disturbance in chemical, emotional, or physical growth during this period may fix the unwanted thalamic rather than the normal cortical dominance. The cortex so subjected is now predisposed for seizure and may develop slow spiking. When the flow of nervous energy through the thalamus or the particular cortical area is excessive relative to its functional

capacities then seizure may result. We further conjecture that by inhibiting thalamic activity the chances of seizure are reduced so that one might expect periodic over and underactivity of the entire thalamus with the underactivity being in the interseizure state.

Let us see how this all might work out for Lena and Renee.

Chemically the epileptic shows a flat glucose tolerance curve, that is, a rise of less than 40 points. The fall to the baseline occurs rapidly, usually within the first to second hour. This curve occurs in at least 45 per cent of all convulsive disorders and is far more common in cases in which an early basis is found than in patients whose disorders are "symptomatic" in origin and whose seizures appear late in life. This group with the flat glucose tolerance curve tends to have a low basal metabolic rate and we think a decreased thyroid function. These findings are compatible with a disturbance of the thalamo-pituitary axis. This entire picture expresses chemically the same withdrawal from an active and rich living process which characterizes so many of the patterns of these people, but whether it is cause or effect is not known. Both sisters respond to sugar with unstable reactions diabetic in type, but after carbohydrate loading Renee becomes normal while Lena changes to show a flat curve. On two occasions of sugar tests, however, Lena had a seizure at the 3½ hour period, about one hour after the most rapid fall in blood sugar was recorded. Tentatively, we have interpreted that Lena's glucose metabolism is a result of genetic background (enzyme system carried over) coupled with thalamic disturbances coincident to the occurrence of clinical seizures.

Physiologically we find that a seizure may be aroused by strong rhythmic stimulation of the sensory paths to any zone of the brain that has been predisposed for seizure. In Lena we see that her electrical seizure activity arises deep in the left lateral cerebral fissure and that this is consistent with her epigastric aura (premonitory sensation in body in midline above stomach before convulsion). This implies an origin from a point on the insula of the cerebral hemisphere. This sunken brain tissue contains the area for visceral sensations. It is in juxtaposition to the areas controlling speech and movement of the mouth on the one hand, and the area of physiologic orality (visceral brain and anterior temporal) on the other. All of these functions are disturbed as parts of Lena's seizure. They are also functions that have been disturbed throughout her entire life. In many convulsive people there is a close association of this insula to the centrencephalon* of Penfield because most focal seizures in this area lead to or are associated with the occurrence of grand mal attacks. Lena also has both

* The centrencephalon is a concept developed by Dr. Wilder Penfield that a system resides in upper brain stem and thalamus and is the essential mechanism for diffuse convulsive states.

the focal and grand mal forms. This is the evidence in Lena which ties this area of the brain to the centrencephalon and to the thalamo-pituitary axis.

It was of interest that Lena never mentioned her epigastric aura until she was eight to nine years old. This appeared coincident with the growth of her own body image. At eight years, when asked to draw a person, she drew a complete image, whereas before she had drawn only a head. Her image of the viscera did not appear as early as it might, because it was either an inhibited area approached only with fears or a zone of particularly slow maturation.

Whether the electro-physiologic focus of slow spikes was the result of her early febrile illness is an interesting question. There is no *a priori* reason why this illness should have hit the brain area representing the viscera. In addition, if these spikes were due to toxic damage alone then why does Renee, the twin, have a similar electroencephalographic disturbance? Renee never had this toxic reaction.

The great difference in the feeding of these children during the first nine months comes into prominence as a possible dynamic origin for the spikes, Lena's colic and oral deprivation determining hers as of insular and temporal origin and Renee's small build, the reason for which she was breast fed, determining hers as of parietal origin (the area for external bodily sensation). On careful analysis we often see the aura for a seizure as composed of the most traumatic material in the preconvulsive life of the patient and the spike focus in the area of the brain representing this function. These observations, coupled with the reports that seizures and their electroencephalographic signs may be precipitated by specific emotional disturbances, lead us to postulate a dynamic origin of the slow spikes in Lena's electroencephalogram. But if this is so and we accept a similar explanation for them in Renee, then we are led to believe that Renee too is on the edge of convulsing. She must stall them off somehow—we assume on the basis of some dynamic behavioral pattern.

There is a definite difference in the psychic makeup of these young girls. These differences, the body build and the glucose tolerance tests after loading are the main significant differences we can find between them. On the basis that these differences are the reasons for the presence or absence of seizures we are faced with the problem of explaining what the genetic trends must be. Certainly the trends are obvious in this case history. We have on record many other pairs of brothers, sisters, and several identical and fraternal twins who have similar electroencephalographic disturbances but only one of each pair has the clinical seizure, and only one the metabolic and personality disturbances.

One choice is to assume that genetically the convulsive tendency has something to do with the basic anatomy of the cortex which changes the ease with which that tissue can develop the spike process. Such things as the length of the apical dendrite, the number of cells per cubic millimeter, or the branchings of afferent fibers come to mind as possibilities. Perhaps it is the duration and the particular period in the person's development that this genetic factor allows expression of these anatomical features coupled with life experiences at that time that determines both the convulsive trend and the particular zone of the cortex most likely to be involved. The thalamus develops earliest and would be disturbed most primitively, the visceral brain next, then the transitional, and finally, the neocortex.

Given this genetic picture, then organic disease, chemical imbalance and/or emotional trauma can bring this disturbance into being in the electrophysiology. The expression of seizure finally appears at the moment when the dynamic balance of forces within such an area reaches a critical state. During the seizure the thalamo-pituitary axis is disturbed, resulting in a chemical imbalance. This metabolic skewness in turn makes the central nervous system more disposed to seizure.

We proposed earlier that it was the emotional or sensory stimuli that tipped the balances of forces. If the entire system is able to ward off or (better) bind into action the emotional and sensory energies arriving at these areas, then these foci need never reach the critical state in which they must adopt the primitive mechanism of seizure. If, however, there is more emotion aroused or more stimulation than can be handled, then these previously over-determined areas are activated into manifest seizure. The epileptic is then a person who withdraws from life perhaps because intimate living arouses such energies within his areas of impairment that they are impossible to bind into activity and can only be discharged through the primitive safety valve mechanism of a seizure.

On this basis there should be two types of people with seizures. In one, the capacity to bind energy is low and the spill over into seizures appears too quickly to allow for experience and growth. This may occur locally or diffusely. In the other, the energy aroused by living may be so great that even a normal capacity to bind energy is inadequate and seizure is frequently needed.

M-P PLANS AND PROJECTS

IDEA CONFERENCE

The Merrill-Palmer Staff Idea Conference fully occupied the days of October 30-31 under the leadership of Aaron Rutledge, Leader of the Counseling Service. Initial presentations were given by Carol Ballingall and Martin Hoffman of Merrill-Palmer and Dr. Ross Mooney, Coordinator of Research, Ohio State University. The remainder of the two days of discussions was devoted to staff interaction focused on the subject "The Healthy Personality of our Time." Material relating to the Conference is being prepared for the next issue of the *Quarterly*.

DEVELOPMENT PROGRAM

Contributions to the Merrill-Palmer Development Program by December 1 mounted to \$1,453,300.63, including a \$500,000 grant by the Ford Foundation and another of the same amount from the McGregor Fund of Detroit. Tracy McGregor, who established the latter Fund, was President of the Merrill-Palmer Corporation from the founding of the school until his death in 1936.

Merrill-Palmer Corporation Members have given \$347,820.63 and Sponsors of the Program, prominent Detroit citizens, have subscribed \$80,687. Forty-one members of the Merrill-Palmer Staff also have made gifts to the Development Fund.

EDUCATIONAL TELEVISION

During past months the Merrill-Palmer television program at 7:00 P.M. each Wednesday on WTVS, Channel 56, operated by the Detroit Educational Television Foundation, has presented films produced by the University of Michigan. Addition of Betti Kurtzman to the staff last fall, with the responsibility of guiding production of the Merrill-Palmer program, made it possible for the TV committee to plan to resume telecasting of "live" presentations.

The first program of a series tentatively titled "Camps and Camping" will be telecast January 15. The eight programs will provide general information on "why" and "when" to send a child to camp; what camp is best suited for certain children; and, how to prepare children for camp as their first extended experience away from their parents. In the series, efforts will be made to clarify considerations which frequently concern parents—such as the importance of coun-

selor qualifications; American Camping Association Standards; home-sickness; and, letter writing (from and to the camper).

Viewing and discussion groups are being organized to meet in schools and other centers in the Detroit area to see the programs and competent leaders, perhaps graduate students, will be provided for the discussions following.

COMMUNITY PROJECTS

The Chairman of the Committee on Community Projects has reported that three workshops requested by community groups were carried on in October and November with leadership provided by Merrill-Palmer staff members. Two of these were requested for the family life education program of the School District of the City of Berkeley. The first was a group of teachers and principals, with Dr. Mason Mathews as leader, and the second a parent group with Dr. Catherine Steltz. In each case the focus of the workshop was leadership training. The teachers and principals were concerned with the process involved in leading parent meetings and with finding ways to maximize participation within these necessarily large groups. The parents in Dr. Steltz's group were looking ahead to being lay leaders of small study groups within the P.T.A. The third workshop was requested by the Director of Religious Education of the Central Methodist Church, Detroit, for a group of teachers and parent-participants in the Church School program. Discussion was focused upon a better understanding of children and of adult-child relationships, with a view to the teaching process in the Church School. Co-leaders of this workshop were Mrs. Helen Sumner and Dr. Marjorie Sanger. It is the policy of the Committee to make such workshops available to students for study of the process involved whenever participation by the student is acceptable to the community group. This fall three undergraduate students participated, with supervision provided by the staff leaders.

Book Reviews

THE SEXUAL RESPONSIBILITY OF WOMAN. Maxine Davis. 299 pages. Dial Press. New York, 1956. \$4.00.

I began reading this book with a sense of gladness that at last someone had presented the other side of the marital responsibility coin. For decades marriage manuals have placed sole responsibility upon the male for the sexual satisfaction of the woman. This gladness persisted as I read but I began to be disturbed by minor inaccuracies, and even more by some underlying suggestions that seemed to work against the author's main goals. The title alone was enough to create great demand and the book has been extensively advertised in the professional and popular press. This wide circulation and a tendency to accept it blindly as a sexual bible has required that this review point out the two opposing facets of the author's manuscript; a healthy and an unhealthy one.

The chief contention of the author, that modern woman has reached adulthood legally, economically, morally and sexually and must accept responsibility for her maturity, is well taken indeed. Today woman has been educated as to what to expect in terms of pleasure and satisfaction but "at no time during her formal or informal upbringing has she been impressed with the fact that marriage is a realm in which she has profound personal sexual responsibility." She is eager for sex and love fulfillment but does not know how to contribute to it, and therefore depends upon her husband "to dole out the provender for her sexual subsistence."

This woman journalist has read widely and worked hard to glean basic knowledge in the area of sexual nature and function and integrate it into something that would render a service to women everywhere. By and large she has done an excellent job, particularly in demonstrating the totality of sexual responsiveness, while helpfully dealing with specific aspects of physical anatomy and function.

I would feel that pointing out the weaknesses of this book was dealing in trivialities except that the author errs in most important matters in the lives of sensitive women. One would like to overlook simple inaccuracies and oversimplifications like her statement that the state of sexual tension in the male is due to the testicles becoming filled with semen. But one cannot look the other way when, in instructing women in the use of vaginal muscles, she warns against grasping too hard and too long lest she "cause swelling and pain in the penis and her husband may have difficulty in withdrawing it." Shades of Old Wives' Tales!

There are striking inconsistencies: at one point the author calls for complete freedom and relaxation in sexual expression; at another, doubtless unwittingly, preserves old clichés and folklore. For instance, in describing positions for sexual intercourse, she comments on certain ones as being enjoyed by people, "goodness knows why!" She comments on the wife in a "hands and knees position" as "a curious reversion considering how many eons have elapsed since *homo sapiens* navigated on all fours!" I am not concerned over the author's intent at these points—probably humorous—rather, I am concerned about the way this

will be read and mis-understood by many inhibited women; just the opposite of the meaning the author doubtless intended.

In one place the book comments on the risk in recent literature in overstressing orgasm for woman, pointing out that many other satisfactions enter the sexual picture. Later, while pointing out that sexual love is more than physical expression, the statement is made that orgasm for the woman is of paramount importance: "this mutual satisfaction is the only criterion of sexually happy marriage."

A major theme of the author, around which the findings of Kinsey at least placed basic question marks, is that there is "a profound difference in man's and woman's sexual natures." This permeates the book and an entire chapter is given to a special discussion of the topic. Thus, the author accepts the unfounded basic contentions of folklore throughout the years of history; that man, by nature, has primary and specific sexual drives which are stimulated almost continually by everything around him, whereas, for the woman there must be direct physical stimulation for her to attain desire. Much of this book indicates that this is what is to be expected in men and women. The initial approach would lead one to expect that the book would stress "this particular man understanding this particular woman" and vice versa, rather than putting the emphasis upon one stereotype for the nature of all men and another for the nature of all women. The degree of this emphasis is seen in the contention that for woman intense sexual desire is an acquired taste, like caviar or abstract art. She was not born with it as her husband was.

The chapter of the book which would best have been omitted is "Sex Hygiene and Health." Reading this chapter will reenforce many women in their backgrounds of rigid and prejudiced sexual training. In spite of the natural cleansing processes of nature following menstruation or intercourse, necessitating only an external bath, and contrary to much of the best medical advice about what is necessary and what can be harmful in terms of douching, the author insists that "a regular internal bath is just as much a part of routine cleanliness as a daily tub or shower." She adds that no woman should forget to douche immediately after menstruation, and a douche "should *never* (author's italics) be omitted in the morning after sexual intercourse." Unwittingly, while consciously rejecting "sex as sin and nastiness," the author is perpetuating the same basic convictions in her readers by insisting that they join the cult of cleanliness via the douche of modern drugstore advertising.

This book disturbs me. I would like to use it as a professional tool in working with young couples in preparation for marriage and with wives who have questions about their sexual adjustment, but I cannot use it because of these markedly misleading passages and the underlying preservation of folklore and misinformation.

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CONSTRAINT AND VARIETY IN AMERICAN EDUCATION. David Riesman. 160 pages. University of Nebraska Press, 1956. \$2.75.

The way in which academic institutions relate to one another in their cultural context constitutes one of the major problems that Riesman attempts to deal with in this provocative book.

He contends that the process "institutional homogenization" is seen in the way that many of our leading universities are coming to resemble corporations. The ferment of innovation and experiment which has characterized our Avant Garde institutions is on the decline and as a result they no longer function as leaders of reform movements. The fact that universities tend to follow national models and are, therefore, less parochial and increasingly more nationalistic presents us with a melancholy spectacle of academic conformity.

The further problem of the relationship of the relatively new comers among the social sciences to the older social disciplines has wide-spread ramifications, particularly when the current inter-disciplinary movement demands that diverse research methods be reconciled. In many universities the increased influence and prestige of the newer social sciences—sociology, psychology, anthropology—has caused many students to leave the older social sciences. The protective efforts of the older disciplines has caused them to become a "veto group" with monopolistic claims.

In the last essay of the book Riesman presents a theory of education which states that high schools and colleges should oppose momentary fads in our cultural economy, thus functioning in a "counter-cyclical" way. The array of community pressures which impinge on the public schools tends to produce provincial attitudes and intellectual poverty. The question of how students can make contact with excellence when the school program and the goals are geared to mediocrity poses a serious challenge in American education.

Like much of Riesman's writings this book is a stimulating contribution to a better understanding of ideas and movements in education today.

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